

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19741

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION PE

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90018 048 ****61.25

Principal Place of Business

Mailing Address

5801 W. 9 MILE RD
PENSACOLA FL 32526

5801 W. 9 MILE RD
PENSACOLA FL 32526-7840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7206235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMONS, ALYCE
5801 W. 9 MILE RD
PENSACOLA FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JUDY VOLNER	
STREET ADDRESS	5848 HERMITAGE CIR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THERESA MAYNE	
STREET ADDRESS	4904 W SPENCER RD	
CITY-ST-ZIP	PACE FL 32577	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYRON STANTON	
STREET ADDRESS	3197 RAINES CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, SUSAN	
STREET ADDRESS	3901 N PALAFOX	
CITY-ST-ZIP	PENSACOLA FL 32523	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOANN DINSMORE	
STREET ADDRESS	87 CAMELIA DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALYCE EMMONS	
STREET ADDRESS	5801 W 9 MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELISSA HALL
STREET ADDRESS	2206 POMPAHO DR.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET B. MELARIN
STREET ADDRESS	2600 W. MICHIGAN AVE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

850-944-5489

Daytime Phone #

CR2E037 (9/99)