

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26118

1. Entity Name

WOMEN'S COALITION OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90007 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

843 ELMIRA BLVD.  
P. O. BOX 2338  
PORT CHARLOTTE FL 33949

P.O. BOX 2338  
P. O. BOX 2338  
PORT CHARLOTTE FL 33949-3722  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3722  
PORT CHARLOTTE FL 33949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2582285

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

LUCAS, ALVIN J  
1134 YHORKSHIRE ST  
PORT CHARLOTTE FL 33952

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

ALVIN J LUCAS  
*Alvin J Lucas*

4/4/00

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 PD  
NAME FULMORE, MAUREEN ☒ Delete  
STREET ADDRESS 1552 UPSHAW TERRACE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PD  
NAME NUSOM, DOROTHY ☒ Change ☐ Addition  
STREET ADDRESS 16212 CASHMERE AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE S  
NAME MOLINA, ARNETTA ☐ Delete  
STREET ADDRESS 16266 CAYMAN LANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33955

TITLE S  
NAME MOLINA, ARNETTA ☐ Change ☐ Addition  
STREET ADDRESS 16266 CAYMAN LANE  
CITY-ST-ZIP PUNTA GORDA-FL 33955

TITLE VD  
NAME DUESBURY, CARMEN ☒ Delete  
STREET ADDRESS 1035 RIGGS ST  
CITY-ST-ZIP PT CHARLOTTE FL 33954

TITLE VD  
NAME PALMER, GLORIA ☒ Change ☐ Addition  
STREET ADDRESS 502 HALCREST TERR  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE SC  
NAME ROHLEHR, LELIA ☐ Delete  
STREET ADDRESS 1458 DEWITT ST  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SC  
NAME ROHLEHR, LELIA ☐ Change ☐ Addition  
STREET ADDRESS 1458 DEWITT ST  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE T  
NAME NUSOM, DOROTHY ☒ Delete  
STREET ADDRESS 16212 CASHMERE AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T  
NAME ARNOTT, SYLVIA ☒ Change ☐ Addition  
STREET ADDRESS 23268 ALTMAN AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Dorothy Nusom* DOROTHY NUSOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2000 941-624-3107  
Date Daytime Phone #

CR2E037 (9/99)