

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32559

1. Entity Name

RESOURCE CENTER FOR WOMEN FOUNDATION, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90190 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1301 SEMINOLE BLVD.  
STE 150  
LARGO FL 33770-8113  
US

1301 SEMINOLE BLVD.  
STE 150  
LARGO FL 33770-8100  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959397

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

HAFLING, MARILYN E  
11740 CURRIE LN  
LARGO FL 33774

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 ☐ Delete  
NAME P.  
STREET ADDRESS STEPHENS, SOLOMON  
CITY-ST-ZIP 301 4TH ST., SW  
LARGO FL 33770

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAWRENCE, CYNTHIA  
CITY-ST-ZIP 2 EAGLE LANE  
PALM HARBOR FL 34683

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS NOVOA, KALIKA  
CITY-ST-ZIP 15500 MORNING OAK  
LARGO FL 33549

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8371 42nd AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HALVORSEN, JEAN M  
CITY-ST-ZIP 79 ROYAL PALM CIRCLE  
LARGO FL 33778

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCLEOD, GEORGE C  
CITY-ST-ZIP 8 BELLEVIEW BLVD., #707  
BELLEAIR FL 33756-1969

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HAFLING, MARILYN E  
CITY-ST-ZIP 11740 CURRIE LANE  
LARGO FL 33774

TITLE ☐ Change ☐ 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:

JEAN M. HALVORSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2000

Date

727-586-2011

Daytime Phone #

CR2E037 (9/99)