

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43059

1. Entity Name

NATIONAL COALITION OF 100 BLACK WOMEN, INC. BROW

Principal Place of Business

2315 NW 36TH TERRACE  
LAUDERDALE LAKES FL 33311  
US

Mailing Address

2315 NW 36TH TERRACE  
LAUDERDALE LAKES FL 33311  
US

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0394630

Applied For

Not Applicable

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

DALE, BETTIE J

2315 NW 36TH TERRACE  
LAUDERDALE LAKES FL 33311

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.

Bettie J. Dale, Director

(NOTE: Registered Agent signature required when reinstating)

10/10/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 D ☐ Delete  
NAME HORNE, EARLENE S  
STREET ADDRESS 8939 NW 44TH COURT  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition  
NAME 500003433875--1  
STREET ADDRESS -10/20/00--01067--024  
CITY-ST-ZIP \*\*\*\*\*175.00 \*\*\*\*\*175.00

TITLE D ☐ Delete  
NAME BOWE, PAM  
STREET ADDRESS 3059 NO OAKLAND FOREST DR #202  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE ☐ Change ☐ Addition  
NAME 500003433875--1  
STREET ADDRESS -10/20/00--01067--025  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE D ☐ Delete  
NAME SHAW, SARAH  
STREET ADDRESS 4510 NW 12TH COURT  
CITY-ST-ZIP LAUDERHILL FL 33313

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

TITLE D ☐ Delete  
NAME SMITH, BRENDA ALLEN  
STREET ADDRESS 3000 NW 24TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete  
NAME WEST, PATRICIA  
STREET ADDRESS 4510 NW 25TH ST  
CITY-ST-ZIP LAUDERHILL FL 33313

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

TITLE D ☐ Delete  
NAME DALE, BETTIE J  
STREET ADDRESS 2315 N.W. 36TH TERRACE  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettie J. Dale 10/10/00 (954) 485-4461

Date

Daytime Phone #

FILED

00 OCT 12 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE