

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90397 032 \*\*\*\*70.00

**DOCUMENT # N43059**

1. Entity Name

**NATIONAL COALITION OF 100 BLACK WOMEN, INC. BROW  
ARD COUNTY CHAPTER**

DEPARTMENT OF STATE

Principal Place of Business

**2315 NW 36TH TERRACE  
LAUDERDALE LAKES FL 33311  
US**

Mailing Address

**2315 NW 36TH TERRACE  
LAUDERDALE LAKES FL 33311  
US**

80124967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**N/A**

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0394630**

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

Name

**N/A**

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

**N/A**

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

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

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

TITLE **D** ☒ Change ☐ Addition  
NAME **MARTIN, LAURA BRYANT**  
STREET ADDRESS **4299 NW 16th STREET #301A**  
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **D** ☐ Delete  
NAME **CHAW, 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: **BETTIE J. DALE**

6/5/02

(954) 357-5811

CR2E037 (9/01)