2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

RHED DOCUMENT # N43362 Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY NEEDS 07-19-2000 90008 032 ****70.00 Principal Place of Business Mailing Address 4231 WYOMING AVE II 4731-WYOMING AVE TAMPA FL 33616 **TAMPA FL 33616** 2. Principal Place of Business P.O. BOX 3. Mailing Address 82184 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3062028 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 11 Fee Required 7. Name and Address of New Registered Agent. Name and Address of Current Registered Agent JACKSON: D: LYNN 4731 WYOMING AVENUE TAMPA FL-33610 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. 7/13/00 SIGNATURE (NOTE: Registered Agent signature Make Check Payable to FILE NOW; FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change DC ☐ Delete TIT! F TITLE Davis Betsy 722'C Black Haw K Dr METCALF, RONNA NAME STREET ADDRESS STREET ADDRESS 11846 WILDFLOWER PL 3*3544* CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** Delete TM F TITLE Nonnson NAME NAME RIVENBARK, JUDY STREET ADDRESS STREET ADDRESS 5342 BELLAMY BROS. BLVD CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 JACKSON, D. LYNN NAME NAME STREET ADDRESS STREET ADDRESS 4731 WYO. AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33616 Delete Treasure TITLE TITLE -NAME NAME **GUEVARA, LORI** Denise STREET ADDRESS STREET ADDRESS 8745 OSAGE DR CITY-S1-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Addition Change TITLE Delete TITLE NAME NAME METCALF-AMKETT, CRYSTAL STREET ADDRESS STREET ADDRESS 8062 DEERWOOD CIR CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33610** TITLE Change ☐ Addition Delete TITLE NAME LOCKWOOD, SUSAN STREET ADDRESS STREET ADDRESS 1905 JETTON AVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33606 12. I hereby certify that the information supplied with this filling 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 line empowered.