

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005414

1. Entity Name

FLORIDA WWINS: WOMEN'S WORK INTERESTS AND NETWORK

Principal Place of Business

Mailing Address

2721 NEUCHATEL DR.
TALLAHASSEE FL 32303

PO BOX 4277
TALLAHASSEE FL 32315-4277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3212777

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

REEVES-LIPSCOMB, DORIS
2721 NEUCHATEL DR.
TALLAHASSEE FL 32303

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 PD
NAME REEVES-LIPSCOMB, DORIS
STREET ADDRESS 2721 NEUCHATEL DR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE TD
NAME REEVES, DIANNE M
STREET ADDRESS 181 EBBTIDE DR
CITY-ST-ZIP N PALM BEACH FL ☐ Delete

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

TITLE SD
NAME POLLOCK, DAWN T
STREET ADDRESS 1937 CHARLAIS STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE D
NAME BRETOS, CONCHY
STREET ADDRESS 374 NE 92 STREET
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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

TITLE DD
NAME GOODMAN, LIZ
STREET ADDRESS 4604 RICHARDS CT
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

TITLE D
NAME HAMILTON, SANDIE
STREET ADDRESS 2366 RAJEL AVE
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

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

i2. 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:

Dianne Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 561 881 8311
Date Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90107 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/98)