

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90009 005 ****70.00

DOCUMENT # N94000000595

1. Entity Name

CENTRAL FLORIDA CHAPTER-INTERNATIONAL BLACK WOMEN

Principal Place of Business

Mailing Address

266 WILSHIRE BLVD., STE 135
 CASSELBERRY FL 32707

266 WILSHIRE BLVD., STE 135
 CASSELBERRY FL 32707

260 Wilshire Blvd. Cass FL 32707

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

59-3305148

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

**VARN-WILSON, CORIN
 WILSHIRE PLAZA
 BUILDING 266 STE. 135
 CASSELBERRY FL 32707**

**VARN-Wilson Corin
 Wilshire Plaza
 260 Wilshire Blvd.
 Casselberry, FL 32707**

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

Corine Varn Wilson

2-12-01

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 ☐ Delete
 NAME VARN-WILSON, CORINE
 STREET ADDRESS 1073 CHESTERFIELD CIRCLE
 CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE VD ☒ Delete
 NAME BROWN, DOLLY
 STREET ADDRESS 883 B XAVIER AVENUE
 CITY-ST-ZIP ORLANDO FL 32807

TITLE VD ☒ Change ☐ Addition
 NAME EDWARDS, JANNIE
 STREET ADDRESS 365 Church Street
 CITY-ST-ZIP Lake Helen Florida 32744

TITLE VD ☐ Delete
 NAME TALBOT, BEVERLY
 STREET ADDRESS 1449 MT LAUREL DRIVE
 CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE SD ☒ Delete
 NAME GREEN, AYANNA
 STREET ADDRESS 9428 EMILY LOOP #301
 CITY-ST-ZIP ORLANDO FL 32817

TITLE SD ☒ Change ☐ Addition
 NAME BAXTER, MAXINE
 STREET ADDRESS 959 Sabal Grove Drive
 CITY-ST-ZIP Rockledge, Florida 32955

TITLE TD ☐ Delete
 NAME ANDERSON, CONSTANCE
 STREET ADDRESS 2480 CRAWFORD DRIVE
 CITY-ST-ZIP SANFORD FL 32771

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Corine Varn Wilson

2-12-01

407-331-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)