

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002186

1. Entity Name

THE FLORIDA WOMEN'S CONSORTIUM, INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90107 047 ****61.25

Principal Place of Business

Mailing Address

2001 E. INDIANHEAD
TALLAHASSEE FL 32301
US

PO BOX 23134
ST PETERSBURG FL 33742-3134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3150 Holiday Springs Blvd

Suite 111

Margate, FL

33063

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0172462

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

DAWSON, DIANA S ESQ.
1000 EAST CAMINO REAL
BOCA RATON FL 33432

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	VD	<input type="checkbox"/> Delete
NAME	HURLBERT, NANCY	
STREET ADDRESS	1153 SW 26TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDEN, JEAN	
STREET ADDRESS	179 IMPERIAL SOUTHGATE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, CYNTHIA	
STREET ADDRESS	4117 HENIARD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOFTON, KAREY	
STREET ADDRESS	127 NE MONROE CIR NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONTE, JO	
STREET ADDRESS	2001 E. INDIANHEAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOLOMEIO, CAROLE	
STREET ADDRESS	3150 HOLIDAY SPRINGS BLVD #111	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Zientek	
STREET ADDRESS	4125 Hickory Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL - 33418	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Chamberlin	
STREET ADDRESS	2350 Pebble Bend Drive	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREY LOFTON	
STREET ADDRESS	7480 Hobson St NE	
CITY-ST-ZIP	St. Petersburg - FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karey Lofton

4/27/00 727-572-1776

CR2E037 (9/99)