

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # nonprofit ~~N94000004456~~

1. Entity Name
Women's Healthcare Executive Network
of South Florida, Inc.

Principal Place of Business Mailing Address
W.H.E.N.
7154 North University Drive Suite # 299
Tamarac, FL 33321

2. Principal Place of Business 3. Mailing Address
7154 N. University Dr T. Breitbord
Suite, Apt. #, etc. 100 W. Cypress Creek
Suite 299 5th Floor

City & State City & State
Tamarac, Florida Ft Lauderdale, FL
Zip Country Zip Country
33321 USA 33309 USA

6. Name and Address of Current Registered Agent
Breitbord, Terry
100 W. Cypress Creek Rd 5th Fl
Ft Lauderdale, FL 33309

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 Terry Breitbord
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Ann Fletcher		NAME		
STREET ADDRESS	Women in Distress PO Box 676		STREET ADDRESS		
CITY-ST-ZIP	Ft Lauderdale, FL 33302		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Brooks		NAME		
STREET ADDRESS	10285 NW 31st Ct		STREET ADDRESS		
CITY-ST-ZIP	Sunrise, FL 33351		CITY-ST-ZIP		
TITLE	Corresponding Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrice Woepel		NAME		
STREET ADDRESS	2568 NW 94th Ave		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33065		CITY-ST-ZIP		
TITLE	Secy, Recording	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shari Augustaver		NAME		
STREET ADDRESS	12645 Torbay Drive		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33428		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Breitbord 5th Fl		NAME		
STREET ADDRESS	100 W. Cypress Creek Rd		STREET ADDRESS		
CITY-ST-ZIP	Ft Lauderdale, FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Terry Breitbord SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/9/2000 (954) 958-4267 Date Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90030 037 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)