

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003705

1. Entity Name

ALL WOMEN'S FAMILY PLANNING CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90227 014 ****61.25

Principal Place of Business

2106 DREW ST SUITE 103
 CLEARWATER FL 33765
 US

Mailing Address

2106 DREW ST SUITE 103
 CLEARWATER FL 33765-3238
 US

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

31-1479850

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

OWENS, DEZRA
 2106 DREW ST SUITE 103
 CLEARWATER FL 33765

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	D	<input type="checkbox"/> Delete
NAME	DRESDEN, GARY A	
STREET ADDRESS	2106 DREW ST SUITE 103	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> Delete
NAME	TICKIN, HAROLD J	
STREET ADDRESS	2106 DREW ST SUITE 103	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MILLER, MELINDA S	
STREET ADDRESS	2106 DREW ST SUITE 103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	RYGIEL, ROBIN	
STREET ADDRESS	2106 DREW ST., SUITE 103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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: Melinda R. Miller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)