

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 014 ****61.25

DOCUMENT # N96000005772

1. Entity Name
EVE FOR WOMEN, INC.



Principal Place of Business
713 SW 75TH STREET #101
GAINESVILLE FL 32607
US

Mailing Address
P.O. BOX 5905
GAINESVILLE FL 32627-5905
US

2. Principal Place of Business
713 SW 75th St.
Suite, Apt. #, etc.
#101

3. Mailing Address
P.O. Box 141081
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE FL
Zip
32607
Country
US

City & State
GAINESVILLE, FL
Zip
32614
Country
US

4. FEI Number **59-3411683**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Robinson
HOOKS, ARABELLA A
713 SW 75TH STREET
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name
ARABELLA A. ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
713 SW 75th Street #101
City
Gainesville **FL** Zip Code
32607

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FP Robinson
HOOKS, ARLEEN
713 SW 75TH STREET #101
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEST, PATRICIA
1000 NE 16TH AVE, BLDG J
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEAD-JONES, SHARLA D
3631 N.E. 156TH AVE
GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
SMITH, KIM
3534 NW 110TH TERRACE
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **Arabella A. Robinson** **4/25/03** **352-332-8767**

CR2E037 (10/02)