

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

0060770

03-27-2001 90033 030 \*\*\*\*61.25

**DOCUMENT # N97000000149**

1. Entity Name

**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS -**

Principal Place of Business

P.O. BOX 18916  
TAMPA FL 33679

Mailing Address

P.O. BOX 18916  
TAMPA FL 33679

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3444052**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MERKT, BARBARA  
3608 W AZEELE STREET  
103  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME MERKT, BARBARA  
STREET ADDRESS 4201 N AZEELE  
CITY-ST-ZIP TAMPA FL 33609 ☐ DeleteTITLE PED  
NAME GILL, CAROLE  
STREET ADDRESS 10713 DIXON DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ DeleteTITLE IPPD  
NAME ROPER, LINDA  
STREET ADDRESS 3005 STATE ROAD 590  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ DeleteTITLE SD  
NAME COLEMAN, LINDA  
STREET ADDRESS 5701 S DALE MABRY  
CITY-ST-ZIP TAMPA FL 33611 ☐ DeleteTITLE TD  
NAME GREENBERG, MICHELLE  
STREET ADDRESS 5818 IDLE FOREST PLACE  
CITY-ST-ZIP TAMPA FL 33614 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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: *Michelle Greenberg* **RECEIVED** *Michelle Greenberg* 3/21/01 (813) 877-3608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)