

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90225 050 ****61.25

DOCUMENT # N970000001845
 1. Entity Name Women Musicians' Alliance, Inc

Principal Place of Business 923 23 Ave N. St. Pete, FL 33704-3225
 Mailing Address ← SAME

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-3468381 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLEIN, Donna J.
923 23 Ave. North
St. Petersburg, FL 33704-3225

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]
 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	<u>DT</u>	<input type="checkbox"/> Delete
NAME	<u>Simmons, MIDDY</u>	
STREET ADDRESS	<u>3874 WOLVERINE ST.</u>	
CITY-ST-ZIP	<u>SARASOTA, FL 34232</u>	
TITLE	<u>Director/Secretary</u>	<input type="checkbox"/> Delete
NAME	<u>Tonya Quillen</u>	
STREET ADDRESS	<u>2504 W. Azele St.</u>	
CITY-ST-ZIP	<u>TAMPA, FL 33609</u>	
TITLE	<u>Director / President</u>	<input type="checkbox"/> Delete
NAME	<u>Donna Klein</u>	
STREET ADDRESS	<u>923 23 Ave N.</u>	
CITY-ST-ZIP	<u>St Pete, FL 33704</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>DEBI BOW</u>	
STREET ADDRESS	<u>3733 PARK ST. N.</u>	
CITY-ST-ZIP	<u>ST. PETE, FL 33710</u>	
TITLE	<u>CD</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>GOODMAN, JANET</u>	
STREET ADDRESS	<u>1955 STARKEY RD</u>	
CITY-ST-ZIP	<u>LARGO</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>KLEINBERRY, WISA</u>	
STREET ADDRESS	<u>2075 MAM ST</u>	
CITY-ST-ZIP	<u>SARASOTA</u>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input checked="" 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: [Signature] MIDDY Simmons 3/28/01 941-371-1433
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)