

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N97000000.1845
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.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip

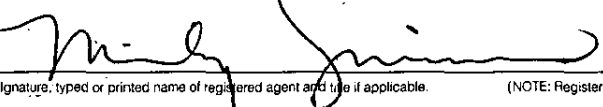
4. FEI Number 59-3468381
Applied For
 Not Applicable

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

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, 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	DT	<input type="checkbox"/> Delete
NAME	Simmons, Mandy	
STREET ADDRESS	3874 WOLVERINE ST.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	Director/Secretary	<input type="checkbox"/> Delete
NAME	Tonya Cullen	
STREET ADDRESS	2504 W. Azeele St.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	Director/President	<input type="checkbox"/> Delete
NAME	Donna Klein	
STREET ADDRESS	923 23 Ave N.	
CITY-ST-ZIP	ST PETE, FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBI BOW	
STREET ADDRESS	3733 PARK ST. N.	
CITY-ST-ZIP	ST. PETE, FL 33710	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, JANET	
STREET ADDRESS	1555 STARKEY RD	
CITY-ST-ZIP	LARGO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEINBERRY, WISA	
STREET ADDRESS	2075 MAIN ST	
CITY-ST-ZIP	SARASOTA	

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		
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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:  MANDY SIMMONS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/28/01 Daytime Phone # 941-371-1433

CR2E037 (11/00)