

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002291

1. Entity Name

FLORIDA ASSOCIATION FOR WOMEN GEOSCIENTISTS, INC

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90073 034 ****61.25

Principal Place of Business

Mailing Address

P O BOX 27535
TAMPA FL 33623-535
US

P O BOX 27535
TAMPA FL 33623-7535
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

59-3465090

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

RODRIGUEZ, EILEEN
1532 GARDNER DRIVE
LUTZ FL 33549-3305

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

Eileen Rodriguez

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 ☐ Delete
NAME **D**
STREET ADDRESS **RODRIGUEZ, EILEEN**
CITY-ST-ZIP **1532 GARDNER DR**
LUTZ FL 33549-3305

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JONAS, CATHLEEN B**
CITY-ST-ZIP **1020 WILDROSE DR**
LUTZ FL 33549

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **DIANNE MCCOMMONS BECK**
CITY-ST-ZIP **15703 MORRIS BRIDGE ROAD**
THONOTOSASSA FL 33592

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **AMRAN, ALLISON**
CITY-ST-ZIP **1008 MORRISON COURT**
TAMPA FL 33629

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ENRIGHT, MERYL**
CITY-ST-ZIP **13911 N DALE MABRY HWY, 210**
TAMPA FL 33618

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **LISA MORRISON**
CITY-ST-ZIP **711 W, RIVER HEIGHTS AVE.**
TAMPA FL 33603

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **RICHTAR, JUDITH**
CITY-ST-ZIP **1015 W. OHIO AVE**
TAMPA FL 33603-5233

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **LESLIE HERD**
CITY-ST-ZIP **16808 ROLLING ROCK DRIVE**
TAMPA FL 33618

TITLE ☐ Delete
NAME **PVP**
STREET ADDRESS **GILBERG, SHARON H**
CITY-ST-ZIP **2101 ALEXIS COURT**
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ 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:

Eileen Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(813) 905-5804
Daytime Phone #

CR2E037 (9/99)