2002 UNIFORM BUSINESS REPORT (UBR)

Jul 02, 2002 8:00 am DOCUMENT # N9700002291 **Secretary of State** FLORIDA ASSOCIATION FOR WOMEN GEOSCIENTISTS, INC 07-02-2002 90815 045 ****61.25 Mailing Address Principal Place of Business P O BOX 27535 P O BOX 27535 TAMPA FL 33623-535 TAMPA FL 33623-535 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3465090 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YEARGAN, MARY E 4408 HICKORY BRANCH COURT **BRANDON FL 33511** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) Change Addition TITLE ☐ Delete TITLE NAME YEARGAN, MARY NAME CR2E037 4408 HICKORY BRANCH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME RICHTAR, JUDITH NAME STREET ADDRESS 1015 W. OHIO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 ☐ Change ☐ Addition TITLE ☐ Delete TITLE AMRAN, ALLISON NAME NAME STREET ADDRESS 440 LAFAYETTE STREET ADDRESS CITY-ST-ZIP OLDSMAR FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE MORRISON, LISA NAME STREET ADDRESS 711 W RIVER HEIGHTS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33603** ☐ Addition TITLE Delete TITLE NAME ENRIGHT, MEL NAME STREET ADDRESS 5107 PENNSBURY DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME GILBERG, SHARON H NAME

STREET ADDRESS

CITY-ST-ZIP

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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.

2101 ALEXIS COURT

TARPON SPRINGS FL 34689

STREET ADDRESS

SIGNATURE:

FILED

6/27/02 1813)961-1935