

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000004563**

1. Entity Name

GRANDMOTHERS UNITED, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90009 010 ****61.25

Principal Place of Business

**3308 SANCHEZ ST.
TAMPA FL 33605**

Mailing Address

**3308 SANCHEZ ST.
TAMPA FL 33605-1853**

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

59-3463826

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

**ARMSTRONG, LORETTA D
2903 YBOR ST.
TAMPA FL 33605**

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 NAME	D ARMSTRONG, LORETTA D	<input type="checkbox"/> Delete
STREET ADDRESS	2903 YBOR ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE NAME	D MYRICK, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	309 E. FRANCIS	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	D RANDOLPH, VENELLIA	<input type="checkbox"/> Delete
STREET ADDRESS	7005 GLENVIEW DR.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D CREARY, MAGGIE	<input type="checkbox"/> Delete
STREET ADDRESS	312 COURT C	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Loretta Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

9-4-2000 (813) 247-3970