

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007178

1. Entity Name

FULL CIRCLE WOMEN'S HEALTH, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90046 016 ****61.25

Principal Place of Business

Mailing Address

104 EAST DADE STREET
MADISON FL 32340

P O BOX 184
MADISON FL 32341-0184

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

59-3486003

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

7. Name and Address of New Registered Agent

TOWLER, MARIANNE
RT 5, BOX 5545
MONTICELLO FL 32344

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 ☒ Delete
NAME D
STREET ADDRESS GRAY, SUE
CITY-ST-ZIP RT 3 BOX 1449
MADISON FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS MARIANNE TOWLER
CITY-ST-ZIP RT 5 BOX 5545
MONTICELLO, FL 32344

TITLE ☐ Delete
NAME PD
STREET ADDRESS TUCKER, MARIANNE
CITY-ST-ZIP RT 5 BOX 5545
MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS JOCELYN STOWELL
CITY-ST-ZIP 1003 LUCY ST
TALLAHASSEE, FL 32308

TITLE ☒ Delete
NAME STD
STREET ADDRESS GURNIEK, MIRIAM
CITY-ST-ZIP 1943 LAWSON RD
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS ELIZABETH BORGER
CITY-ST-ZIP 1003 MAPLE DR
TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marianne Towler* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00 850 973-1814

Date

Daytime Phone #

CR2E037 (9/99)