

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-27-2001 90088 045 ****61.25

DOCUMENT # N97000007178

1. Entity Name

FULL CIRCLE WOMEN'S HEALTH, INC.

Principal Place of Business

**104 EAST DADE STREET
MADISON FL 32340**

Mailing Address

**P O BOX 184
MADISON FL 32341**

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**

6. Name and Address of Current Registered Agent

**TOWLER, MARIANNE
RT 5, BOX 5545
MONTICELLO FL 32344**

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

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

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

TITLE T ☐ Delete
NAME BORGER, ELIZABETH
STREET ADDRESS 1003 MAPLE DR
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)