

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005092

1. Entity Name

WOMEN OF DESTINY INTERNATIONAL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 036 ****70.00

Principal Place of Business

Mailing Address

5745 SW 75TH STREET, #121
GAINESVILLE FL 32608

5745 SW 75TH STREET, #121
GAINESVILLE FL 32608-5504

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

59-3534624

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

WITHERSPOON, AVON
5745 SW 75TH STREET, #121
GAINESVILLE FL 32608

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 DP
STREET ADDRESS WITHERSPOON, AVON
CITY-ST-ZIP 5745 SW 75TH STREET, #121
GAINESVILLE FL 32608

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Steve Miller
CITY-ST-ZIP 15620 SW 175th Avenue
Archer, FL 32618

TITLE ☐ Delete
NAME DV
STREET ADDRESS JAMES, PAULA
CITY-ST-ZIP 664 B INFANTRY POST RD.
FT. SAM HOUSTON TX 78234

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Cynthia Newsome
CITY-ST-ZIP P.O. Box 105
Jennings, FL 32053

TITLE ☐ Delete
NAME DS
STREET ADDRESS WITHERSPOON, AGNES W
CITY-ST-ZIP 191 THISTLE HILLS EAST
ARCHER FL 32618

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS WITHERSPOON, LAVERN
CITY-ST-ZIP 5745 SW 75TH ST., #121
GAINESVILLE FL 32608

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:

Avon WITHERSPOON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 (352) 333-0840

CR2E037 (9/99)