

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005759

1. Entity Name

WOMEN FOR GROWTH, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90124 026 ****61.25

Principal Place of Business Mailing Address
108 S. MONROE ST., SUITE 200 P. O. BOX 10223
TALLAHASSEE FL 32301 TALLAHASSEE FL 32302-2223

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 59-3532764 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

LAMONICA, LAURA M
108 S. MONROE ST., SUITE 200
TALLAHASSEE FL 32301

Name Laura McLeod
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]* DATE 3/23/00
(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	LAMONICA, LAURA M	
STREET ADDRESS	P. O. BOX 10223 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NYSTROM, ROBIN	
STREET ADDRESS	108 S. MONROE ST., SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCLEOD, LESLIE	
STREET ADDRESS	1906 W. NELSON DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Laura	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE 3/23/00 850 224 9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)