

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006370

1. Entity Name

ALAUQA WOMEN'S CHARITABLE FUND, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90019 050 ****61.25

Principal Place of Business Mailing Address
300 PRIMERA BLVD 300 PRIMERA BLVD
SUITE 432 SUITE 432
LAKE MARY FL 22746 LAKE MARY FL 32746-2140

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3542678

Applied For
Not Applied

Zip

Country

Zip

Country

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

HUTCHINS, ROBERT J
222 W COMSTOCK AVE, STE 111
WINTER PARK FL 32789

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	D	<input type="checkbox"/> Delete
NAME	FICHTHORN, NANCY	
STREET ADDRESS	300 PRIMERA BLVD STE 432	
CITY-ST-ZIP	LAKE MARY FL 22746	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, MARIE	
STREET ADDRESS	300 PRIMERA BLVD STE 432	
CITY-ST-ZIP	LAKE MARY FL 22746	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLACK, PAM	
STREET ADDRESS	300 PRIMERA BLVD STE 432	
CITY-ST-ZIP	LAKE MARY FL 22746	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBSON, POLLY	
STREET ADDRESS	300 PRIMERA BLVD	
CITY-ST-ZIP	LAKE MARY FL 22746	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBSON, POLLY	
STREET ADDRESS	300 PRIMERA BLVD STE 432	
CITY-ST-ZIP	LAKE MARY FL 22746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1-12.00 407 3331