

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001215

1. Entity Name

FEMMES DE COEUR, INC.

Principal Place of Business

Mailing Address

607 SWEETWATER COVE BLVD SOUTH
LONGWOOD FL 32779

607 SWEETWATER COVE BLVD SOUTH
LONGWOOD FL 32779-3340

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

59-3597466

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FAZIO, RENA
998 N. PHELPS AVE
WINTER PARK FL 32789

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
NAME MACPHERSON, WINIFRED
STREET ADDRESS 3952 LANCASHIRE LANE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE T
NAME JACQUE JENKINS
STREET ADDRESS 1163 LK FRANCIS DR.
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

TITLE DP
NAME SILVERBERG, LOIS
STREET ADDRESS 607 SWEETWATER COVE BLVD SOUTH
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

TITLE VP
NAME BARBARA DETERS
STREET ADDRESS 3726 ST. MORITZ
CITY-ST-ZIP ORLANDO, FL 32812 ☐ Change ☒ Addition

TITLE DV
NAME BROWN, SHEILA
STREET ADDRESS 200 MEADOW LANE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE S
NAME CAROLE HELLER
STREET ADDRESS 403 SWEETWATER BLVD S.
CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Change ☒ Addition

TITLE S
NAME BROCKMAN, MARY JO
STREET ADDRESS 1209 MAJESTIC OAK DR.
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90120 015 *** 61.25



DO NOT WRITE IN THIS SPACE

1/15/00

(407) 988-9276