

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

001018

DOCUMENT # N99000001215

1. Entity Name

FEMMES DE COEUR, INC.

03-19-2002 90006 027 ****61.25

Principal Place of Business

Mailing Address

**607 SWEETWATER COVE BLVD SOUTH
 LONGWOOD FL 32779**

**607 SWEETWATER COVE BLVD SOUTH
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

PO Box 916790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

4. FEI Number

59-3597466

Applied For

Not Applicable

Zip

Country

Zip

Country

32791

USA

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

**FAZIO, RENA
 996 N. PHELPS AVE
 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 **P** ☒ Delete
 NAME **WINCKLER, DAPHNE**
 STREET ADDRESS **1127 BRANTLEY ESTATES DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VP/D** ☐ Change ☒ Addition
 NAME **MEREDITH McWATERS**
 STREET ADDRESS **219 Royal Oaks Circle**
 CITY-ST-ZIP **Longwood FL 32779**

TITLE **D** ☒ Delete
 NAME **BROWN, SHEILA**
 STREET ADDRESS **200 MEADOW LANE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **BARBARA PETERS**
 STREET ADDRESS **3726 St. MORITZ St.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **VP** ☐ Delete
 NAME **HELLER, CAROLE**
 STREET ADDRESS **403 SWEETWATER BLVD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **JENKINS, JACQUE**
 STREET ADDRESS **1163 LK FRANCIS DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **SHERRILL HOLLEY**
 STREET ADDRESS **3565 SPARROW HAWK TRAIL**
 CITY-ST-ZIP **Mims, FL 32754**

TITLE **D** ☒ Delete
 NAME **SILVERBURG, LOIS**
 STREET ADDRESS **607 SWEETWATER COVER**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **S** ☐ Delete
 NAME **MARCHESAND, SONJA**
 STREET ADDRESS **984 STONEWOOD LANE**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VP/D** ☒ 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: *Carol Heller* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 407-862-5009

Date

Daytime Phone #

CR2E037 (9/01)