

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003327**

1. Entity Name

WIDOWS & WIDOWERS ASSOCIATION, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90092 043 ****61.25

Principal Place of Business

Mailing Address

**551 W CAROLINA ST
TALLAHASSEE FL 32303****551 W CAROLINA ST
TALLAHASSEE FL 32301-1009**

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

65-0923646

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

**ROWLS, JAMES
551 W CAROLINA ST
TALLAHASSEE FL 32303**

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** ☐ Delete
NAME **GRIFFIN, LINN ANN J**
STREET ADDRESS **527 W TUSKEGEE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LAWRENCE, DARRELL L**
STREET ADDRESS **5371 GROVE VALLEY RD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DENNIS, ALFRED**
STREET ADDRESS **2217 GREENWICH WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **ROWLS, JAMES**
STREET ADDRESS **2716 SETTERS PL**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **STEVENS, BETTYE**
STREET ADDRESS **526 TUSKEGEE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**TITLE ☐ Change ☒ Addition
NAME **RANDOLPH, MARTHA**
STREET ADDRESS **1820 KEITH STREET**
CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32310**TITLE **S** ☒ Delete
NAME **WOMBLE, TERESA**
STREET ADDRESS **691 GAMBLE ST #149-3**
CITY-ST-ZIP **TALLAHASSEE FL 32307**TITLE ☐ Change ☒ Addition
NAME **COLSON, LISA**
STREET ADDRESS **816 S. BAHAMA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32311**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

CR2E037 (9/99)