2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004533

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90177 012 ****61.25

1. Entity Name

MILLENNIUM WOMAN, INC.

Principal Place of Business	Mailing Address
201 WEST CANTON AVENUE WINTER PARK FL 32789	~~201 WEST CANTON AVENUE~~ ~~WINTER PARK FL 32789-3154~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite B	P.O. Box 190 Suite, Apt. #, etc.
City & State	City & State WINTER PARK, FL.
Zip / Country	Zip 32790 / Country OR

4. FEI Number 59-3603587 ☐ 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
~~MCLEOD, W. EDWARD~~ ~~204 PARK AVENUE NORTH~~ ~~WINTER PARK FL 32789~~	Name THOMAS M. O'SHAUGHNESSY Street Address (P.O. Box Number is Not Acceptable) 201 WEST CANTON suite B. City WINTER PARK FL Zip Code 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 THOMAS MICHAEL OSHAUGHNESSY 1-8-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'SHAUGNESSY, MICHAEL POST OFFICE BOX 190 N/A WINTER PRK FL 32790	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4469 South Atlantic Ave Winter Park, Fla 32127 Police Chief
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOVIN, EDE 1020 QUINWOOD LANE MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDRAM, LESLIE ~~1005 LA JOLLA WEST~~ ~~HOLLYWOOD CA 90046~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition LESLIE WINDRAM 4469 S. ATLANTIC AVE POLICE CHIEF, FLA 32127
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: MICHAEL O'SHAUGHNESSY 1-8-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 407-628-5478