

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90002 010 \*\*\*\*61.25

**DOCUMENT # N99000005283**

1. Entity Name

THE NATIONAL ASSOCIATION OF WOMEN'S PARKS, INC.

R

Principal Place of Business

STE.710,CITY NATIONAL BANK BLDG.,25 W.FL  
AGLER STREET  
MIAMI FL 33130

Mailing Address

STE.710,CITY NATIONAL BANK BLDG.,25 W.FL  
AGLER STREET  
MIAMI FL 33130

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

65-0949571

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

AVERILL, JOSEPH P  
STE.710,CITY NATIONAL BANK BLDG.,25 W.FL  
AGLER STREET  
MIAMI FL 33130

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	PCD	<input type="checkbox"/> Delete
NAME	RIPPINGILLE, BONNIE	
STREET ADDRESS	25 West Flagler Bank Bldg	
CITY-ST-ZIP	#710 City Natl Bank Bldg, Miami, Fla 33130	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCURDY-JACKSON, COLETTE	
STREET ADDRESS	20420 N.E. 10TH PLACE	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIZZO, BRENDA	
STREET ADDRESS	SPIRIT OF WOMEN'S PK.,1375 PERRY-ST.STE513	
CITY-ST-ZIP	COLUMBUS OH 43210	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROLANDER, IMOGENE	
STREET ADDRESS	YELLOW SPGS.WOMEN'S PK,1475 PRESIDENTS ST.	
CITY-ST-ZIP	YELLOW SPRINGS OH 45387	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISBERG, LOIS	
STREET ADDRESS	HILLARY CLINTON WOMENS PK,78 E. WASHINGTON	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEK, CARRIE	
STREET ADDRESS	3535 BISCAYNE BLVD.,STE.500	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPINGILLE, BONNIE	
STREET ADDRESS	25 West Flagler St. #710 City National Bank Bldg., Miami, Fla 33130	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

*Bonnie Rippingille*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2000

305-252  
5858

Date

Daytime Phone #

# The Women's Park Founders Committee

P.O. Box 140717 • Coral Gables, Florida 33114

Officers:

Hon. Bonnie Rippingille  
*Chairperson*

Teresa Zorrilla  
*Secretary*

Molly Turner  
*Treasurer*

Dorothy Fields  
*Historian*

Members:

Roxcy Bolton

Diane Brandt

Leona Cooper

Hon. Katherine  
Fernández-Rundle

Hon. Elaine Gordon

Monna Lighte  
1923-1996

Hon. Helen Miller  
1925-1996

Administrative Assistant:

Colette McCurdy- Jackson

July 14, 2000

Annual Reports Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

The National Association of Women's Parks, Inc., reference number N99000005283, received your letter stating our Federal Employer Identification Number (FEI) was missing. We have received our FEI Number and it is 65-0949571.

If you have any questions or need further assistance, please contact me.

Sincerely,

  
Bonnie Rippingille

BR/mm

Roxcy Bolton  
Founder and Mother  
of  
The Women's Park 1992  
West Flagler & 102nd Court • Miami