

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90428 006 \*\*\*150.00

**DOCUMENT # P00000022009**

1. Entity Name  
**ARANA, A WEB OF WOMEN LEADERS, INC.**

Principal Place of Business      Mailing Address  
**3120 HENDRICKS AVE.**      **3120 HENDRICKS AVE.**  
**JACKSONVILLE FL 32207**      **JACKSONVILLE FL 32207**

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      Applied For  
**59-3636510**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIDGE, GEORGE E**  
**200 W. FORSYTH ST.**  
**JACKSONVILLE FL 32202**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      State      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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable. (NOT: Registered Agent signature required when not stating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>O'CONNOR, BOBBIE G</b>
STREET ADDRESS	<b>3120 HENDRICKS AVE.</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NOEL, JUDITH</b>
STREET ADDRESS	<b>2235 E. 32ND ST.</b>
CITY-STATE-ZIP	<b>OAKLAND CA 94602</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RIOS, DAISY</b>
STREET ADDRESS	<b>129 CATHARINE ST., UNIT 1</b>
CITY-STATE-ZIP	<b>PHILADELPHIA PA 19147</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDREWS, RITA J</b>
STREET ADDRESS	<b>726 6TH ST.</b>
CITY-STATE-ZIP	<b>WASHINGTON DC 20003</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>178 E Daisy Lane</b>
CITY-STATE-ZIP	<b>Mt. Laurel NJ 08054</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobbie G. O'Connor*      **BOBBIE G. O'CONNOR**      **04/22/01**      **(904) 398-8091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone No.

CR2E034 (10/00)