

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90146 008 \*\*\*150.00

**DOCUMENT # P00000022009**

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

**Principal Place of Business**

**3120 HENDRICKS AVE.**  
**JACKSONVILLE FL 32207**

**Mailing Address**

**3120 HENDRICKS AVE.**  
**JACKSONVILLE FL 32207**

**2. Principal Place of Business**

**3654 BRIDGEWOOD**

Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. Box 40783**

Suite, Apt. #, etc.

**City & State**

**JACKSONVILLE FL**

**City & State**

**JACKSONVILLE FL**

**Zip**

**32207**

**Country**

**USA**

**Zip**

**32203**

**Country**

**USA**

**4. FEI Number 59-3636510**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RIDGE, GEORGE E**

**200 W. FORSYTH ST.**

**JACKSONVILLE FL 32202**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**



**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**TITLE** **D** ☐ Delete  
**NAME** **O'CONNOR, BOBBIE G**  
**STREET ADDRESS** **3120 HENDRICKS AVE.**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32207**

**TITLE** **D** ☐ Delete  
**NAME** **NOEL, JUDITH**  
**STREET ADDRESS** **2235 E. 32ND ST.**  
**CITY-ST-ZIP** **OAKLAND CA 94602**

**TITLE** **D** ☐ Delete  
**NAME** **RIOS, DAISY**  
**STREET ADDRESS** **17B EAST DAISY LANE**  
**CITY-ST-ZIP** **MOUNT LAUREL NJ 08094**

**TITLE** **D** ☐ Delete  
**NAME** **ANDREWS, RITA J**  
**STREET ADDRESS** **726 6TH ST.**  
**CITY-ST-ZIP** **WASHINGTON DC 20003**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **O'CONNOR, BOBBIE G.** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **3654 BRIDGEWOOD DR**  
**CITY-ST-ZIP** **JAX 32207**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-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:**

**Signature and Typed or Printed Name of Signing Officer or Director**

**08/14/02**

**Date**

**Daytime Phone #**

CR2E034 (4/02)

# Araña

## Attachment

PO 0000027709  
A Web of Women Leaders

*silken thread  
from her belly  
weaving ancient patterns  
of remembering  
the source of  
her creation*

123999

August 14, 2002

Division of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee FL 32302

Regarding: FEI Number 59-3636510

Dear Madam or Sir:

I am enclosing a check in the amount of \$150.00 per the instruction of your employee Steve, who I spoke with on this date.

It was not until I begin completing the form and saw the cost of \$550.00 that I realized something was amiss. When I called I learned that I was mailed an original request earlier this year. I did not receive the earlier request.

I appreciate your willingness to allow me to pay the smaller amount. I have made a note in my calendar in February 2003 to make sure I do not let this happen again.

Please note on the enclosed form that my address has changed as of April 1, 2001.

Thank you for your cooperation

Best regards,



Bobbie Garner O'Connor  
Administrative Director

904 398-8091  
P.O. Box 40783  
Jacksonville, FL 32203-0783  
Araña\_Web@hotmail.com

