

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062413

1. Entity Name
LAVENDERWOMYN, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90188 036 ***150.00

Principal Place of Business
417 OAK PARK LOOP
DAVENPORT FL 33837-5823

Mailing Address
417 OAK PARK LOOP
DAVENPORT FL 33837-5823

2. Principal Place of Business
426 Oak Park Loop
Suite, Apt. #, etc.

3. Mailing Address
417 Oak Park Loop
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Davenport FL
Zip
33837-5823
Country
PoIK

City & State
Same
Zip
Same
Country
Same

4. FEI Number
59-3589-314
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAPONERA, LYNN
417 OAK PARK LOOP
DAVENPORT FL 33837-5823

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	D CASTEEL, KRISTINE 5802 S. OAKES TACOMA WA 98409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MARGARET 5802 S. OAKES TACOMA WA 98409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *Kristine A. Casteel* 8-2-00 2534758480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
P99 00006243
00682209

8-24-00

Dear Division,

I called this Am + spoke with Tom I explained to him that I had just recently received the second notice, I am not aware of receiving a 1st notice.

Please check your records to make sure of my mailing address. Thanks!
Tom said that if I immediately send in \$150.00 with this letter of explanation it would satisfy my obligation as the owner of Lavender Womyn Inc.

Thankyou