

2000 UNIFORM BUSINESS REPORT (UBR)

0053918

DOCUMENT # P99000080661

1. Entity Name

WOMEN'S INTERNATIONAL NETWORK, INC.

FILED

00 SEP 15 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1132 CARISSA DR.
TALLAHASSEE FL 32308

1132 CARISSA DR.
TALLAHASSEE FL 32308-5219

2. Principal Place of Business

1706-D N.E. Capital Circle
Suite, Apt. #, etc.

3. Mailing Address

1706-D N.E. Capital Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip 32308 Country Usa

City & State
Tallahassee, FL
Zip 32308 Country Usa

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, VALERIE
1132 CARISSA DR.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Douglas A. Mang, Esq.

Street Address (P.O. Box Number is Not Acceptable)

600 East Jefferson St.

City Tallahassee, FL FL Zip Code 32301

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

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 \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Chairman Chief Executive Officer	Deanie Mang	2407 Winthrop Rd.	Tallahassee, FL 32312	<input type="checkbox"/>
President	Anna Johnson Riedel	2142 Pink Flamingo Lane	Tallahassee, FL 32308	<input type="checkbox"/>
Secretary	Douglas A. Mang	600 East Jefferson St.	Tallahassee, FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)