

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086903

1. Entity Name

THE WOMEN'S GROUP + ONE, INC.

FILED

00 MAY 11 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2424 S DIXIE HWY, SUITE 300  
MAIMI FL 33133

Mailing Address

2424 S DIXIE HWY, SUITE 300  
MAIMI FL 33133-3167

2. Principal Place of Business

224 WASHINGTON AVE

3. Mailing Address

224 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FLORIDA

City & State

Homestead FLORIDA

Zip  
33030

Country  
U.S.

Zip

Country

4. FEI Number

65-0959895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, ALICE F  
2424 S DIXIE HWY, SUITE 300  
MIAMI FL 33133

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE F. PRICE	
STREET ADDRESS	224 WASHINGTON AVENUE	
CITY- ST- ZIP	Homestead FLORIDA 33030	
TITLE	V BARBARA HARKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA HARKINS	
STREET ADDRESS	224 WASHINGTON AVENUE	
CITY- ST- ZIP	Homestead FLORIDA 33030	
TITLE	T NICOLE JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLE JOHNSON	
STREET ADDRESS	224 WASHINGTON AVENUE	
CITY- ST- ZIP	Homestead FLORIDA 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003256370-2	
STREET ADDRESS	-05/18/00--01005--014	
CITY- ST- ZIP	****400.00 ****400.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003256370-2	
STREET ADDRESS	-05/18/00--01005--015	
CITY- ST- ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

*Alice F. Price* ALICE F. PRICE 5/9/00 (305) 858-7889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #