

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 006 \*\*\*\*61.25

**DOCUMENT # 700713**

1. Entity Name

**THE ORMOND BEACH WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

**42 NORTH BEACH STREET  
 ORMOND BEACH FL 32174-5638**

**42 NORTH BEACH STREET  
 ORMOND BEACH FL 32174-5638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0799309**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CONWAY, LOUIS E.  
 170 E. GRANADA BLVD  
 ORMOND BEACH FL 32074**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	SCHWIG, PHYLLIS	4 WINDSOR DRIVE	ORMOND BEACH FL	<input type="checkbox"/>
P	ELEANOR, STILLWELL	1502 N BEACH ST	ORMOND BEACH FL	<input checked="" type="checkbox"/>
VD	FERRELL, BEVERLY	60 BIG BUCK TRAIL	ORMOND BEACH FL	<input checked="" type="checkbox"/>
SD	HARTNETT, NORMA	1524 POPLAR DR	ORMOND BEACH FL	<input checked="" type="checkbox"/>
SD	STEARUS, RUTH	8 STERING CIR	ORMOND BEACH FL	<input checked="" type="checkbox"/>
D	CRAWFORD, JEAN	14 ISLAND CAY DR.	ORMOND BEACH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FERRELL, BEVERLY	60 BIG BUCK TRAIL	ORMOND BEACH FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	THERESA HUBNER	188 Fairway DRIVE	ORMOND BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	KAY SEAMAN	53 S. St ANDREWS	ORMOND BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JABLONSKI, STEPHANIE	99 DIANNE DRIVE	ORMOND BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELEANOR Stillwell	1502 N Beach St	ORMOND BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Phyllis Schwig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-00 (904) 672-8318  
 Date Daytime Phone #

CR2E037 19/99