

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90126 017 \*\*\*\*61.25

**DOCUMENT # 701807**

1. Entity Name

PLANTATION JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15473  
 PLANTATION FL 33318

P.O. BOX 15473  
 PLANTATION FL 33318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURTH, LYDIA  
 10884 NW 2ND ST  
 PLANTATION FL 33324

Name *Tessie Koper*

Street Address, P.O. Box Number (Not Acceptable) *502 NW 97 Ave.*

City *PLANTATION*

FL

Zip Code *33324*

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

*Tessie Koper*

*4/30/02*

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 *PO*  
 NAME *KURTH, LYDIA* ☒ Delete  
 STREET ADDRESS *10884 NW 2ND ST*  
 CITY-ST-ZIP *PLANTATION FL 33324*

TITLE *Tessie Koper, President* ☒ Change ☐ Addition  
 NAME *Tessie Koper*  
 STREET ADDRESS *502 NW 97AVE* Director  
 CITY-ST-ZIP *PLANTATION, FL 33324*

TITLE *VO*  
 NAME *BOND, DEBBIE* ☒ Delete  
 STREET ADDRESS *7400 SW 4TH ST*  
 CITY-ST-ZIP *PLANTATION FL 33324*

TITLE *SUSIE PHELPS, V* ☒ Change ☐ Addition  
 NAME *SUSIE PHELPS, V*  
 STREET ADDRESS *7321 SW 18th ST.* Director  
 CITY-ST-ZIP *PLANTATION, FL 33317*

TITLE *SD*  
 NAME *ZIMMERMAN, JANE* ☒ Delete  
 STREET ADDRESS *9840 NW 10TH ST*  
 CITY-ST-ZIP *PLANTATION FL 33322*

TITLE *MICHAEL HENDERSON, S* ☒ Change ☐ Addition  
 NAME *MICHAEL HENDERSON, S*  
 STREET ADDRESS *7450 NW 13th COURT* Director  
 CITY-ST-ZIP *PLANTATION, FL 33313*

TITLE *TD*  
 NAME *KOPER, TESSIE* ☒ Delete  
 STREET ADDRESS *502 NW 97TH AVENUE*  
 CITY-ST-ZIP *PLANTATION FL 33324*

TITLE *JILL HOLLANDER, T* ☒ Change ☐ Addition  
 NAME *JILL HOLLANDER, T*  
 STREET ADDRESS *10052 NW 13th COURT* Director  
 CITY-ST-ZIP *PLANTATION, FL 33324*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02*

Date

Daytime Phone #

CR2E037 (9/01)