


FILED

Jul 30, 2003 8:00 am  
Secretary of State

07-14-2003 90334 021 \*\*\*\*61.25

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☐ CHECK HERE IF MAKING CHANGES**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 707310</b>			
1. Entity Name <b>FORT LAUDERDALE BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.</b>			
Principal Place of Business <b>C/O APHRODITE P. SKIFF FT LAUDERDALE FL 33308-1623 US</b>		Mailing Address <b>#1063 CAMBRIDGE "D" DEERFIELD BEACH FL 33442-3251 US</b>	
2. Principal Place of Business		3. Mailing Address <b>C/O ANTONIA HYLAND</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>427 DEER CREEK RUN</b>	
City & State		City & State <b>DEERFIELD BEACH, FL</b>	
Zip	Country	Zip	Country
<b>33442</b>	<b>USA</b>	<b>33442</b>	<b>USA</b>
4. FEI Number <b>59-1965647</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SKIFF, APHRODITE P.</b> <b>#1063 CAMBRIDGE "D"</b> <b>DEERFIELD BEACH FL 33442-3251</b>		Name <b>HYLAND, ANTONIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>427 DEER CREEK RUN</b> City <b>DEERFIELD BEACH, FL</b> Zip Code <b>33442</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>ANTONIA HYLAND</b>		DATE <b>7/27/03</b>	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSHMAN, ELAINE UPMINSTER K #4019 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HYLAND, ANTONIA 427 DEER CREEK RUN DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHYRET, LESKU 11780 NW 14TH ST. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHANASAKOS, ELIZABETH 2200 NE 36TH ST. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKIFF, APHRODITE P CAMBRIDGE "D" #1063 DEERFIELD BEACH FL 33442-3251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPHERD, JUDY 2550 NE 51 STREET FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without me, empowered.			
SIGNATURE: <b>ANTONIA HYLAND</b>		Date <b>7/9/03</b> (954) 421-7230	

CR2E037 (4/03)