

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90055 035 *****61.25

0014407

DOCUMENT # 707351

1. Entity Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business

**320 LYNN AVENUE
 SATELLITE BEACH FL 32937-3423**

Mailing Address

**7700 ROBINSON DRIVE
 P.O. BOX 3722-82
 SATELLITE BCH FL 32937-9282**

2. Principal Place of Business

320 Lynn Avenue

3. Mailing Address

PO Box 372282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL.

4. FEI Number

59-1710747

Applied For

Not Applicable

Zip

32937-3423

Country

Brevard

Zip

32937-2282

Country

Brevard

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

**WADE, KITTY
 320 LYNN AVENUE
 SATELLITE BEACH FL 32937**

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 Kitty Wade, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/19/02

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	PD BAKER, SADIE 685 GRANT COURT SATELLITE BEACH FL 32937	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGINSON, SUZANNE 1175 SR A1A #707 SATELLITE BEACH FL 32937	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINDIAK, PAT 8085 S TROPICAL TRAIL MERRITT ISLAND FL 32952	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERNEZZE, ALICE 610 ROBIN WAY NORTH SATELLITE BCH FL 32937	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, NORA 790 VERBENIA DR SATELLITE BEACH FL 32937	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WADE, KITTY 320 LYNN AVE SATELLITE BEACH FL 32037	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wade, Kitty 320 Lynn Avenue Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Davison, Beth 443 Bridgetown Court Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higginson, Suzanne 1175 Hwy A1A #707 Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Royer, Pat 310 Cherry Dr. Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Connell, Kathy 492 Red Sail Way Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD E. Lynne O'Donnell 245 Orange Street Satellite Beach, FL. 32937	☒ Change ☐ 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 all other like empowered.

SIGNATURE

Kitty Wade, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/02

321/779-8897

Date

Daytime Phone #

CR2E037 (9/01)