

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707356

1. Entity Name

COCOA-ROCKLEDGE WOMAN'S LEAGUE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90009 033 ****61.25

Principal Place of Business

Mailing Address

1025 FLORIDA AVE.
P.O. BOX 1153 (COCOA, FL.)
COCOA FL 32923-1153

1025 FLORIDA AVE.
P.O. BOX 1153 (COCOA, FL.)
COCOA FL 32923-1153

00015318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0673916

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

ALLEN, JACQUELINE H
21350 N. COURTERAY PWY F248
MERRITT ISLAND FL 32953

Name

Wright, Marianne

Street Address (P.O. Box Number is Not Acceptable)

56 Hill Top Ln

Rockledge

FL

Zip Code
32955

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

Marianne Wright (P)

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

(NOTE: Registered Agent signature required when reinstating)

January 30, 2000

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 P ☒ Delete
NAME ALLEN, JACQUELINE H
STREET ADDRESS 2135 N COURTENAY PKWY
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE P ☒ Change ☐ Addition
NAME Wright, Marianne
STREET ADDRESS 56 Hill Top Ln
CITY-ST-ZIP Rockledge, FL 32955

TITLE VD ☒ Delete
NAME PARK, MARTHA A
STREET ADDRESS 1117 INDIAN RIVER DR.
CITY-ST-ZIP COCOA FL 32922

TITLE VD ☒ Change ☐ Addition
NAME Victoria Gillis
STREET ADDRESS 12 Sunrise St
CITY-ST-ZIP COCOA, FL 32922

TITLE TD ☐ Delete
NAME WEBB, LYNN
STREET ADDRESS 1049 ROCKLEDGE DR. #205
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE S ☐ Delete
NAME STROMIRE, MARY C
STREET ADDRESS N INDIAN RIVER DR
CITY-ST-ZIP SHARPES FL

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

TITLE VD ☒ Delete
NAME JAMES, LOU A
STREET ADDRESS 1036 GREENLEAF COURT
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VD ☒ Change ☐ Addition
NAME Barnhart, Sam
STREET ADDRESS 1265 Leslie Dr
CITY-ST-ZIP Merritt Island, FL 32952

TITLE D ☒ Delete
NAME MASON, ARLINE
STREET ADDRESS 115 INDIAN RIVER DR. #106
CITY-ST-ZIP COCOA FL 32922

TITLE D ☒ Change ☐ Addition
NAME Allen, Jacqueline H.
STREET ADDRESS 2135 N. Courtenay Pkwy
CITY-ST-ZIP Merritt Island, FL 32953

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:

Marianne Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2000 321-636-5005

Date

Daytime Phone #

CR2E037 (9/99)