

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90062 019 \*\*\*\*61.25

**DOCUMENT # 710264**

1. Entity Name

**FORT LAUDERDALE WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

15 SE 1ST ST AT ANDREWS AVE  
 FT LAUDERDALE FL 33301

15 SE 1ST ST AT ANDREWS AVE  
 FT LAUDERDALE FL 33301-1857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0673290**

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

**COX, ILO B**  
**1928 NE 7TH COURT**  
**FT LAUDERDALE FL 33306**

Name

**Nola M. Richardson**

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

**8142 North University Drive**

**Tamarac, Florida 33321**

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

*Nola M. Richardson*  
**Nola M. Richardson, President**

**4/27/00**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COX, ILO B</b>	
STREET ADDRESS	<b>1928 NE 7TH COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OUTLAW, CHRISTINE</b>	
STREET ADDRESS	<b>620 SW 7TH AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33315</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHOEMAKER, MARHTA Martha</b>	
STREET ADDRESS	<b>1100 SW 12TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33315</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCLAIN, MARJORIE</b>	
STREET ADDRESS	<b>2417 NE 27TH TERRACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMO, OLGA</b>	
STREET ADDRESS	<b>2124 SE 19TH ST.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33306</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nola M. Richardson</b>	
STREET ADDRESS	<b>8142 North University Drive</b>	
CITY-ST-ZIP	<b>Tamarac, Florida 33321</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patricia Hinde</b>	
STREET ADDRESS	<b>1502 Southwest 29th Street</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33315</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elfrieda Kokal</b>	
STREET ADDRESS	<b>1449 Northeast 57th Court</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33334</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Helen Chadwick</b>	
STREET ADDRESS	<b>630 Southwest 6th Street #SG12</b>	
CITY-ST-ZIP	<b>Pompano Beach, Florida 33060</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Nola M. Richardson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/27/00**

**954-721-7300**

Date

Daytime Phone #