2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DÖCUMENT # 710264 FORT LAUDERDALE WOMAN'S CLUB, INC. 05-10-2001 90144 038 ****61.25 Principal Place of Business Mailing Address 15 SE 1ST ST AT ANDREWS AVE 15 SE 1ST ST AT ANDREWS AVE LUUU48663 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0673290 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Box Number is Not Acceptable) RICHARDSON, NOLA 8142 NORTH UNIVERSITY DR FORT LAUDERDALE FL 33321 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITI F ☐ Delete NAME RICHARDSON, NOLA M NAME STREET ADDRESS STREET ADDRESS 8142 NORTH UNIVERSITY DR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33321 ☐ Addition Delete TITLE TITLE NAME HINDE, PATRICIA NAME STREET ADDRESS STREET ADDRESS 1502 SOUTHWEST 29TH ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Addition TITLE Catherine Préziosi ☐ Delete TITI F NAME KOKAL, ELFRIEDA 9441 Hollyhock Ct. NAME STREET ADDRESS STREET ADDRESS 1449 NORTHEAST 57TH CT Davie, Fl. 33328 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Delete Change ☐ Addition TITLE NAME CHADWICK, HELEN NAME STREET ADDRESS STREET ADDRESS 630 SOUTHWEST 6TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ADAMO, OLGA STREET ADDRESS STREET ADDRESS 2124 SE 19TH ST. CITY-ST-7IP CITY-ST-7IP FT LAUDERDALE FL 33306 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this repeat the changed, or on an attachment with an address, with all other like empowered.

Note A. M. Kichardson as President