

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-15-2002 90019 031 ****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

36986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0673290

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

RICHARDSON, NOLA
 8142 NORTH UNIVERSITY DR
 FORT LAUDERDALE FL 33321

Name: **Patricia Hinde**
 Street Address (P.O. Box Number is Not Acceptable):
1502 Southwest 29 St.
Fort Lauderdale **33315**
 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: *Patricia R Hinde*

4/24/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, NOLA M	
STREET ADDRESS	8142 NORTH UNIVERSITY DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOKAL, ELFRIEDA	
STREET ADDRESS	1449 NE 57 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PREZIOSI, CATHERINE	
STREET ADDRESS	9441 HOLLYHOCK COURT	
CITY-ST-ZIP	DAVE FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHADWICK, HELEN	
STREET ADDRESS	630 SOUTHWEST 6TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMO, OLGA	
STREET ADDRESS	2124 SE 19TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Hinde	
STREET ADDRESS	1502 Southwest 29 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	VP & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Preziosi	
STREET ADDRESS	9441 Hollyhock Court	
CITY-ST-ZIP	Dave, FL 33328	
TITLE	Sec & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Payne	
STREET ADDRESS	2790 Old Orchard Road	
CITY-ST-ZIP	Dave, FL 33328	
TITLE	T & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Hood	
STREET ADDRESS	3156 Peachtree Center Circle	
CITY-ST-ZIP	Dave, FL 33328	
TITLE	RS & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Duda - Director	
STREET ADDRESS	2701 Middle River Dr. #14	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
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:

Patricia R Hinde

REQUIRED Prev. to 5-10-02 4-19-02 954/721-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)