2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90019 003 ****61.25

DOCUMENT # 711645

1. Entity Name

THE JUNIOR WOMAN'S CLUB OF LAKELAND, FLORIDA, IN

Principal Place of Business	Mailing Address
1515 WILLIAMBURG SO P.O. BOX 2604 LAKELAND FL 33803 US	P.O. BOX 2604 P.O. BOX 2604 LAKELAND FL 33806-2604 US

DO NOT WRITE IN THIS SPACE

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 59-6544760 ☐ 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
JACOBS AND VALENTINE 1102 S. FLA. AVE. LAKELAND FL 33803	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 _____
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	TVP	☐ Delete	TITLE	TVP	☒ Change ☐ Addition
NAME	LEPERE, MARTI		NAME	Paula Cramer	
STREET ADDRESS	2802 CAMBRIDGE AVE		STREET ADDRESS	6749 Englelake Dr	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	GARDNER, DARLENE		NAME	Joy Wright	
STREET ADDRESS	926 MARIETTA ST		STREET ADDRESS	3452 Christina Cir	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BURZYNSKI, NIKKI		NAME	Leigh Hancock	
STREET ADDRESS	2602 KIWANIS AVENUE		STREET ADDRESS	3764 Opal Dr	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL Mulberry, FL	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LEPERE, MARTI		NAME		
STREET ADDRESS	2802 CAMBRIDGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	LEPERE, TERRI		NAME	Sue Warren	
STREET ADDRESS	411 WAVERLY PLACE		STREET ADDRESS	907 Point Way	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DP	☐ Delete	TITLE	DP	☐ Change ☐ Addition
NAME	HANCOCK, LEIGH		NAME	Sue Gardner	
STREET ADDRESS	3764 OPAL DRIVE		STREET ADDRESS	99 Francis Blvd	
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP	Lakeland, FL	

CR2E037 (9/99)

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: Sue Warren SUE WARREN 2.2.00 941-519-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #