

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-21-2002 90010 014 ****61.25

DOCUMENT # 711645

1. Entity Name

THE JUNIOR WOMAN'S CLUB OF LAKE LAND, FLORIDA, INC.

Principal Place of Business

**1515 WILLIAMSBURG SQ
P.O. BOX 2604
LAKE LAND FL 33803
US**

Mailing Address

**P.O. BOX 2604
P.O. BOX 2604
LAKE LAND FL 33806-604
US**

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.
LAKE LAND 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 **D** ☒ Delete
NAME **O'HIGGINS, DONNA**
STREET ADDRESS **7385 MILLBROOK OAKS DRIVE**
CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **S** ☐ Change ☒ Addition
NAME **LePere Terri**
STREET ADDRESS **4607 Grovecrest Dr.**
CITY-ST-ZIP **LaKeland FL 33813**

TITLE **S** ☐ Delete
NAME **SMITH, CAROLYN**
STREET ADDRESS **3504 VALLEY TRAIL**
CITY-ST-ZIP **LAKE LAND FL 33810**

TITLE **D** ☒ Change ☐ Addition
NAME **Smith Carolyn**
STREET ADDRESS **3504 Valley Tr**
CITY-ST-ZIP **LaKeland FL 33810**

TITLE **P** ☒ Delete
NAME **GARDNER, DEE**
STREET ADDRESS **420 FRANCIS BLVD.**
CITY-ST-ZIP **LAKE LAND FL 33801**

TITLE **P** ☐ Change ☒ Addition
NAME **Wright, Joy**
STREET ADDRESS **3462 Christina Grove**
CITY-ST-ZIP **LaKeland FL 33813**

TITLE **VP** ☒ Delete
NAME **HALLIER, MONICA**
STREET ADDRESS **2110 BROKEN ARROW TR., N.**
CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **V** ☐ Change ☒ Addition
NAME **Warren, Sue**
STREET ADDRESS **907 Point Way**
CITY-ST-ZIP **LaKeland FL 33813**

TITLE **T** ☒ Delete
NAME **GIFFORD, LISA M**
STREET ADDRESS **1639 SENECA AVENUE**
CITY-ST-ZIP **LAKE LAND FL 33801**

TITLE **T** ☐ Change ☒ Addition
NAME **Burzynski, Nicole**
STREET ADDRESS **1209 Heidi Lane N.**
CITY-ST-ZIP **LaKeland FL 33813**

TITLE **D** ☐ Delete
NAME **SMITH, LESLIE**
STREET ADDRESS **5025 FOREST GREEN DR. W.**
CITY-ST-ZIP **LAKE LAND FL 33811**

TITLE **V** ☒ Change ☐ Addition
NAME **Smith Leslie**
STREET ADDRESS **5025 Forest Green Dr. W.**
CITY-ST-ZIP **LaKeland FL 33811**

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: *Nicole Burzynski* **Nicole C. Burzynski** 2/26/02 863-648-2807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment Document # 927137
711645/74550

S

Fuschetti, Sandy
1123 Prince Place
Lakeland FL 33813

D

Bright, Theresa
915 Shirley Ann Trail
Lakeland FL 33809

D

Bright, Tracy
1620 Tangerine Street
Lakeland FL 33803