2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728899 1. Entity Name THE MIAMI WOMAN'S CLUB						Secretary of State 02-21-2001 90052 011 ****61.25			
1114-1711	1444 44044114 0 OFOO			•					
Principal Place of Business Mailing Address									
1737 NORTH MIAMI FL 33	i Bayshore Drive 132	1737 NORTH BAYSHORE DRIVE MIAMI FL 33132						÷	
2. Principal i	Place of Business	3. Mailing Address				1861 1861 1662 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864	l Bibli Bibli Bibli B	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numbe	4. FEI Number 59-0360320 Applied Fo			
Zp	Country	Zip	- Coun	ntry.	5. Certificate	of Status Desired	\$8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Registers	 _		
/ Name									
FUNK, ERNESTINE			-	Street Address (P.O. Box Number is Not Acceptable)					
520 NE 114 ST MIAMI FL 33161		•		 -			·		
				City		F	Zip Cod	e	
8 The above	named entity submits this statement fo	v the purpose of changing its	ronistoro	d office or re	raistered agent, or ho				
SIGNATURE	Signature, typed or printed name of registered agent. FILE NOW:	and title if applicable. (NOTE			equired when (dissisting)	DATE			
FEE IS \$61.25		Trust Fund Contribution.		· —	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CH.	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	PO	X Deleta	TITLE	P	resident		Change	Addition §	
NAME CTRUCT ADDRESS	GOLDBERG, JANIE		NAME		ixie C. Lem			Addition S	
STREET ADDRESS CITY-ST-ZIP	14510 N MIAMI AVE MIAMI FL 33168		CITY-S		330 Bay Poi				
TUTLE	FSEC	☐ Delete	TITLE	M	iami, FL 33. inanciāl Se		☐ Change	Addition C	
NAME .	GRIFFITH, FRANCES	LL OURS	NAME		rances Grif:		C 0.444	ا المستداد	
	1000 100 01 12 120			ADDRESS 1	135-103 St 7				
CITY-ST-ZIP	Ditt. 18 a Dolt 10 Date 4 D Octob 1 1220		CITY-S	B.	ay Harbor I	lands, FL 3315			
TITLE	SD BABCOCK, MADELEINE	XI Delete	TITLE NAME	F:	irst Vice P	resident	Change	☐ Addition	
NAME STREET ADORESS	301 NE 93 STREET				anie Goldber 4510 N. Mian				
CITY-S1-ZIP	MIAMI SHORES FL		CITY-S	·] -	iami, FL 33			· /	
TITLE	VD	Delete	TITLE	Se	econd Vice 1	resident	Change	Addition	
NAME	REED, CAROL		NAME	Ве	etty Shelton	D .		1	
STREET ADDRESS. CITY-ST-ZIP	4100 N W 6TH ST	•	STREET CITY-S			Dr., Unit 310			
	MIAMI FL 33126				oral Gables		***		
TITLE NAME	BARNES, BETTY	Delete	TITLE Name		ecording Sec prothy Jacks		XX Change	Addition	
STREET ADDRESS	880 NE 69 ST APT 8Q	•		ADDRESS 57	747 SW 97 St	ال النا		1	
CITY-ST-ZIP	MIAMI FL		CITY-S		inecrest, FI			}	
TITLE	<u> </u>								
	סדן ד	☐ Delete	TITLE		reasurer		Change	☐ Addition	
NAME STREET ADDRESS	FUNK, ERNESTINE 520 NE 114 ST	□ Delete	NAME	Eı	reasurer rnestine Fur 20 N.E. 114		☐ Change	Addition [

FILED Mar 12, 2001 8:00 am

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:

SIGNATURE:

SIGNATURE NO TYPED OR PROTECT NAME OF SIGNARD OFFICER OR DIRECTOR