## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 728899

THE MIAMI WOMAN'S CLUB



**FILED** Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90110 039 \*\*\*\*61.25

|--|

Principal F	Place of Busines	SS	Mailin	g Address			1			
				1737 NORTH BAYSHORE DRIVE MIAMI FL 33132						
Principal Place of Business     3. (a)				3. Mailing Address						
Cuite And House							1 180111 18010 11001	INTEL SULLA BULLA COLL USA	11 D1011 \$1011 01011 0	I BII   BI BII 1881
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			Cit	City & State			4. FEI Number 59-(	360320	<u> </u>	Applied For
Zip Country			Zip	Zip C			5. Certificate of Statu	us Desired 🔲	\$8.75 A	Not Applicable dditional
n.mr	6. Name	and Address of Current	Registere	d Agent	17 # 1 Pr	~~~ <u>~</u>	7. Name and Addres	se of New Register	Fee Requir	ed .
			·		Name				red Agent -	
FUNK, ERNESTINE					Street	Address (I	P.O. Box Number is Not	Accomple		
520 NE 114 ST						. Addiess (i		Acceptable)		
MIAMI I	FL 33161					•				
					City			<del></del>	Zip Coo	
8. The abo	ve named entit	v submits this statement for	r the purpe	on of abouting its			<del></del>		┌ <b>┖</b> ╸	
the oblig	gations of regist	y submits this statement for ered agent.	i iie buibt	ose or changing its	registerea onice	or registere	ed agent, or both, in the	State of Florida. I	am familiar with	, and accept
SIGNATURI		<del></del>		· · · · · · · · · · · · · · · · · · ·						
.1 45	Signature, typed	or printed name of registered agent a	and title if appli	cable. (NOTE.	: Registered Agent sign	nature required	when reinstating)	DA	NTE.	
	FILE NOW: FEE IS \$61.25			9. Election Cam Trust Fund Co		$\overline{}$	\$5.00 May Be Added to Fees		eck Payable partment of	
10.	T	OFFICERS AND DIR	ECTORS		11,	A	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	V 10
TITLE	PD			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRES	LEMONS, I				NAME					
STREET ADDRES City-St-Zip	1000 0711				STREET ADDRESS	6				
TITLE	MIAMI FL 3	53137			CITY-ST-ZIP					
NAME	GRIFFITH,	FDANCES		te	TITLE				☐ Change	[ dition
STREET ADDRES:		RT APT DR			NAME STREET ADDRESS					
CITY-ST-ZIP		OR ISLANDS FL 33154	.1226		CITY-ST-ZIP	' <b> </b> •				
TITLE	FVPD		1250	Delete	TITLE	RSD	<u> </u>			
NAME	GOLDBERG	3, JANIE		Car Doloto	NAME	MAR	JORIE L. BA	onn	☐ Change	☐ Addition
STREET ADDRESS	14510 N M	IAMI AVE			STREET ADDRESS	800	BURLINGT.	ON ST.		
CITY-ST-ZIP	MIAMI FL 3	3168			CITY-ST-ZIP	DPAL	OUKA, FZ 3	3305Y		
TITLE	SVPD			☐ Delete	TITLE	FVF			Change	Addition
IAME	SHELTON,				NAME				0,,,,,,,,,,	
STREET ADDRESS	:   100 EDGEV	VATER DR UNIT 310			STREET ADDRESS					
CITY-ST-ZIP										
	CORAL GA	BLES FL 33133	-4-		CITY-ST-ZIP					
	CORAL GA RSD	BLES FL 33133	ч	Delete	TITLE	SUP			Change	Addition
IAME	RSD JACKSON,	BLES FL 33133 DOROTHY	4	Delete Delete	TITLE NAME	RUT	H SIGLER		☐ Change	Addition
TTLE IAME STREET ADDRESS STY-ST-ZIP	CORAL GA RSD JACKSON, 5747 SW 9	BLES FL 33133 DOROTHY 7 ST	4.	<b>☑</b> Delete	TITLE NAME STREET ADDRESS	-RUT	H 5,6182 18 NE 8 C	T.		Addition
IAME STREET ADDRESS SITY-ST-ZIP	CORAL GA RSD JACKSON, 5747 SW 9 PINECREST	BLES FL 33133 DOROTHY 7 ST		100	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-RUT	H SIGLER	T. , FL 331		Addition
IAME TREET ADDRESS HTY-ST-ZIP ITLE	RSD JACKSON, 5747 SW 9 PINECREST TD	BLES FL 33133 DOROTHY 7 ST FL 33156	•	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-RUT	H 5,6182 18 NE 8 C	T. , FL 331		Addition
IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME	CORAL GA RSD JACKSON, 5747 SW 9 PINECREST TD FUNK, ERN	BLES FL 33133  DOROTHY 7 ST FL 33156  ESTINE		100	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-RUT	H 5,6182 18 NE 8 C	T. , FL 331	۷1	
IAME	CORAL GA RSD JACKSON, 5747 SW 9 PINECREST TD FUNK, ERN	BLES FL 33133  DOROTHY 7 ST FL 33156  ESTINE		100	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-RUT	H 5,6182 18 NE 8 C	T. , FL 331	۷1	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-14-03 305-239.4010