

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90246 048 ****61.25

DOCUMENT # 739973

1. Entity Name

THE UNIQUE WOMEN'S CLUB, INCORPORATED

Principal Place of Business

Mailing Address

1615 NE 192ND AVE
 GAINESVILLE FL 32609
 US

1615 NE 192ND AVE
 GAINESVILLE FL 32609-6200
 US

2. Principal Place of Business

2016 NW 31st Place

3. Mailing Address

2016 NW 31st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2539266

Applied For

Not Applicable

Zip

32605

Country

Alachua

Zip

32605

Country

Alachua

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, BETTY
 317 N.W. 192ND AVENUE
 GAINESVILLE FL 32609

Name Doby, Geneva

Street Address (P.O. Box Number is Not Acceptable)

2016 NW 31st Place

City Gainesville

FL

Zip Code 32605

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 Geneva Doby (PD)

Geneva Doby

4/28/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, BETTY	
STREET ADDRESS	317 N.W. 192ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BANKS, PEARL	
STREET ADDRESS	515 N.W. 192ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, ALTAMEASE C	
STREET ADDRESS	21316 N. STATE ROAD 235	
CITY-ST-ZIP	BROOKER FL 32622	
TITLE	T	<input type="checkbox"/> Delete
NAME	SINGLETON, BETTY J	
STREET ADDRESS	1926 N.E. 192ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETON, GERALDINE H	
STREET ADDRESS	1615 NE 192ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, BERIA	
STREET ADDRESS	215 N.W. 192ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doby; Geneva	
STREET ADDRESS	2016 NW 31st Place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singleton, Geraldine	
STREET ADDRESS	1615 NE 192nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strawder, Ruth	
STREET ADDRESS	15805 NE 12th Terrace	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singleton, Betty J.	
STREET ADDRESS	1926 NE 192nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singleton, Geraldine	
STREET ADDRESS	1615 NE 192nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norris, Beria	
STREET ADDRESS	215 NW 192nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32609	

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 REQUIRED

Geneva Doby 4-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)