

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

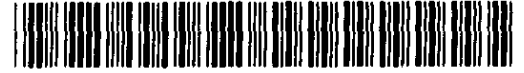
32605

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

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

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-------------------------|--|
| 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 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| 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)