

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 008 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N05110

1. Entity Name

REDLANDS WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

19346 SW 262 ST.
 HOMESTEAD FL 33031

19346 SW 262 ST.
 HOMESTEAD FL 33031-1776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2448704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CREASMAN, BEATRICE S
19346 SW 262 ST
HOMESTEAD FL 33031

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

Beatrice S. Creasman

Beatrice S. Creasman

DATE

2/2/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES 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	<input type="checkbox"/> Delete
NAME	STRANO, LORENE	
STREET ADDRESS	25450 SW 193RD AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, NORMA	
STREET ADDRESS	19325 SW 344 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CREASMAN, BEATRICE S	
STREET ADDRESS	19346 SW 262 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCALLISTER, ANN	
STREET ADDRESS	19411 SW 308TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	REDLICH, PATTY	
STREET ADDRESS	19500 SW 248 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOPER, JOANN	
STREET ADDRESS	2535 SE 781	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Beatrice S. Creasman Pres Beatrice S. Creasman 2/2/00 305-238-8063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR037 (9/99)