

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90149 019 ****61.25

DOCUMENT # N05110
 1. Entity Name
REDLANDS WOMAN'S CLUB, INC.

Principal Place of Business 19346 SW 262 ST. HOMESTEAD FL 33031	Mailing Address 19346 SW 262 ST. HOMESTEAD FL 33031
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2. Principal Place of Business Redlands Woman's Club, Inc. Suite, Apt. #, etc. P.O.Box 902072 City & State Homestead, FL 33030	3. Mailing Address Redlands Woman's Club, Inc. Suite, Apt. #, etc. P.O.Box 902072 City & State Homestead FL 33030
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2448704	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CREASMAN, BEATRICE S 19346 SW 262 ST HOMESTEAD FL 33031		7. Name and Address of New Registered Agent Name Ann McAllister Street Address (P.O. Box Number is Not Acceptable) 19411 SW 308 St. Homestead, City Homestead FL Zip Code 33030	
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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 *Ann McAllister* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 18, 2001*

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME D STRANO, LORENE STREET ADDRESS 25450 SW 193RD AVE. CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME D CHANDLER, NORMA STREET ADDRESS 19325 SW 344 ST. CITY-ST-ZIP HOMESTEAD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME PD CREASMAN, BEATRICE S STREET ADDRESS 19346 SW 262 ST. CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME VPD MCALLISTER, ANN STREET ADDRESS 19411 SW 308TH ST CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME RSD REDLICH, PATTY STREET ADDRESS 19500 SW 248 ST CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME TD COOPER, JOANN STREET ADDRESS 2535 SE 781 CITY-ST-ZIP HOMESTEAD FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD Connie Fleming STREET ADDRESS 18320 SW 224 St. CITY-ST-ZIP Goulds, FL 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD Fay Hebert STREET ADDRESS 27235 SW 168 Ave. CITY-ST-ZIP Homestead, FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Ann McAllister* **WIRED** 1/18/2001 305-247-7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)