

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90298 015 ****70.00

DOCUMENT # N05110

1. Entity Name

REDLANDS WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**PO BOX 902072
 HOMESTEAD FL 33030**

**PO BOX 902072
 HOMESTEAD FL 33030**

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

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

**MCALLISTER, ANN
 19411 SW 308 ST
 HOMESTEAD FL 33030**

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 _____

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 **TD** Delete
 NAME **STRANO, LORENE**
 STREET ADDRESS **25450 SW 193RD AVE.**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FLEMING, CONNIE**
 STREET ADDRESS **18320 SW 224 ST**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CREASMAN, BEATRICE S**
 STREET ADDRESS **19346 SW 262 ST.**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **MCALLISTER, ANN**
 STREET ADDRESS **19411 SW 308TH ST**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **REDLICH, PATTY**
 STREET ADDRESS **19500 SW 248 ST**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HEBERT, FAY**
 STREET ADDRESS **27235 SW 168 AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Change 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: **Lorene Strano, Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorene Strano /21/02 305-245-3945
 Date Daytime Phone #

CR2E037 (9/01)