2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with an address, with all other like empowered

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N96000006362 WOMAN'S CLUB OF OLDSMAR, INC. 03-20-2000 90141 012 ****61.25 Principal Place of Business Mailing Address P.O. BOX 128 207 EXETER ST OLDSMAR FL 34677 OLDSMAR FL 34677-0128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1691385 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEELEY, PEGGY J 1811 IRONWOOD CT W OLDSMAR FL 34677 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition TITLE TITLE ☐ Delete NAME NEELEY, PEGGY J NAME STREET ADDRESS 1811 IRONWOOD CT W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition ☐ Change TITLE ☐ Delete TITLE WILSON, MARTHA NAME NAME STREET ADDRESS STREET ADDRESS 601 WASHINGTON AVE CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Change ☐ Addition TITI F TITLE □ Delete Jorgenson, A. Jean NAME NAME STREET ADDRESS STREET ADDRESS 104 SHORE DR PL CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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