

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756883

1. Entity Name

KEY WEST WOMAN'S CLUB, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90068 017 \*\*\*\*61.25

Principal Place of Business

319 DUVAL ST  
KEY WEST FL 33040

Mailing Address

319 DUVAL ST  
KEY WEST FL 33040-6565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

FOWLER, SARA  
1201 WHITEHEAD ST  
KEY WEST FL 33040

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 P ☐ Delete  
NAME FOWLER, SARAH  
STREET ADDRESS 1201 WHITEHEAD ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SANDS, SHEILA  
STREET ADDRESS 1613 SOUTH ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GINA DIETRICH - 5005  
STREET ADDRESS 2918 PATTERSON AVE  
CITY-ST-ZIP 3409 RIVERA DR. KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME SANTIAGO, MONA  
STREET ADDRESS 1327 DUVAL ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DESAN, AMANDA  
STREET ADDRESS 918 SOUTHAND CT  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LUCAS, ETHEL  
STREET ADDRESS KEY WEST BY THE SEA 608A  
CITY-ST-ZIP KEY WEST FL 33040

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)