

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90075 040 \*\*\*\*61.25

0009115

**DOCUMENT # 701807**

1. Entity Name

**PLANTATION JUNIOR WOMAN'S CLUB, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 15262 15473  
 PLANTATION FL 33318

P.O. BOX 15262 15473  
 PLANTATION FL 33318

2. Principal Place of Business

P.O. Box 15473  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15473  
 Suite, Apt. #, etc.

00061660



DO NOT WRITE IN THIS SPACE

City & State

Plantation  
 Zip 33318 Country

City & State

Plantation  
 Zip 33318 Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KUZIA, SUE**  
**8250 NW 9 STREET**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Lydia Kurth**

Street Address (P.O. Box Number is Not Acceptable)  
**10884 N.W. 2nd St**

City **Plantation**

**FL**

Zip Code

**33324**

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

*Lydia Kurth*

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

(NOTE: Registered Agent signature required when reinstating)

*8/20/01*

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KUZIA, SUE	
STREET ADDRESS	8250 NW 9 STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OREN, KATHY	
STREET ADDRESS	461 SW 55 AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SERZEN, BETSY	
STREET ADDRESS	891 W. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KURTH, LYDIA	
STREET ADDRESS	10884 NW 2ND ST.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDIA KURTH	
STREET ADDRESS	10884 N.W. 2nd St	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE BOND	
STREET ADDRESS	7400 S.W. 4th St	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE ZIMMERMAN	
STREET ADDRESS	9640 N.W. 10th St	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESSIE KOPER	
STREET ADDRESS	502 N.W. 97th AVE	
CITY-ST-ZIP	Plantation, FL 33324	
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		
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:

*Lydia Kurth*

Lydia Kurth

8/20/01

954-4762614

CR2E037 (5/01)