

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702004

1. Entity Name

NEW SMYRNA BEACH BUSINESS AND PROFESSIONAL WOMEN  
'S CLUB, INC.

Principal Place of Business

Mailing Address

4328 S ATLANTIC AVE  
PONCE INLET FL 32127  
US

PO BOX 1344  
NEW SMYRNA BEACH FL 32170  
US

2. Principal Place of Business

3. Mailing Address

404 N. Riverside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater, Florida

City & State

Edgewater, Florida

Zip

32132

Country

U.S.A.

Zip

Country

4. FEI Number

59-1891180

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

CARTER, ADELAIDE B  
1705 DAYTON ST  
EDGEWATER FL 32132

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  
NAME BECK, JEWELL C ☒ Delete  
STREET ADDRESS 4328 S ATLANTIC AVE  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE TD  
NAME Heatherly, Patricia J. ☒ Change ☐ Addition  
STREET ADDRESS 404 N. Riverside Dr.  
CITY-ST-ZIP Edgewater, Fl. 32132

TITLE SD  
NAME CARISANO, CHRISTINE S ☒ Delete  
STREET ADDRESS 3313 MANGO TREE DR  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE SD  
NAME Cowart, Donna ☒ Change ☐ Addition  
STREET ADDRESS 912 Bentwood Lane  
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE D  
NAME CARTER, ADELAIDE ☐ Delete  
STREET ADDRESS 1705 DAYTON ST  
CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE VD  
NAME BELZ, DEBBIE ☒ Delete  
STREET ADDRESS 335 N CAUSEWAY #D4  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE VD  
NAME Carisano, Christine ☒ Change ☐ Addition  
STREET ADDRESS 3313 mango tree Dr.  
CITY-ST-ZIP Edgewater, Fl. 32141

TITLE PD  
NAME BADER-LYTTLE, DEBORAH ☐ Delete  
STREET ADDRESS 188 HAZELWOOD RIVER DR  
CITY-ST-ZIP EDGEWATER FL 32141

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Heatherly  
Pat Heatherly April 24

Date

Daytime Phone #

386 424-0698

CR2E037 (9/01)