

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90205 013 *****61.25

0065025

DOCUMENT # **702004**

1. Entity Name

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



Principal Place of Business

~~404 N. RIVERSIDE DR~~ **1705 Dayton St.**
EDGEWATER FL 32132
US

Mailing Address

PO BOX 1344
NEW SMYRNA BEACH FL 32170
US

2. Principal Place of Business

1705 Dayton Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Adelaide B. Carter **Adelaide B. Carter, Treasurer**

4/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEATHERLY, PATRICIA J	
STREET ADDRESS	404 N. RIVERSIDE DR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COWART, DONNA T	
STREET ADDRESS	912 BENTWOOD LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ADELAIDE	
STREET ADDRESS	1705 DAYTON ST	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTISANE, CHRISTINE	
STREET ADDRESS	3313 MANGO TREE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BADER-LYTTLE, DEBORAH	
STREET ADDRESS	188 HAZELWOOD RIVER DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCARTER, Elisa	
STREET ADDRESS	7 Oak Tree Dr.	
CITY-ST-ZIP	New Smyrna Bch, FL 32169	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTISANO, Christine	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beck, Jowell	
STREET ADDRESS	4328 S. Atlantic Ave	
CITY-ST-ZIP	Fort Pierce, FL 32127	
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:

Adelaide B. Carter **Adelaide B. Carter** **4/14/03** **386-427-4052**

CR2E037 (10/02)