

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703149

1. Entity Name

WOMAN'S CLUB OF NEW SMYRNA, INC.

Principal Place of Business

403 MAGNOLIA, P O BOX 106  
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O BOX 106  
NEW SMYRNA BEACH FLA 32170-0106  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6554307

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

PERTTOLA, PEGGY J.  
325 N CAUSEWAY B304  
NEW SMYRNA BEACH FL 32069

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 NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, ORIAN 335 N CAUSEWAY #A-4 NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLISS, IRENE 53 LAKE FAIRGREEN DRIVE NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERTTOLA, PEGGY J. 325 N. CAUSEWAY #B-304 NEW SMYRNA BCH. FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE, ALICE 121 SHANGRI-LA CIRCLE EDGEWATER FL 32132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARISHONE, LOU 224 SHANGRI-LA CIRCLE EDGEWATER FL 32132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Augusta, Winnie 118 Thomas St. Edgewater, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tippy, Betty 105 Dee St New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Woman's Club of New Smyrna*  
Signature and Typed or Printed Name of Signing Officer or Director

April 7, 2000 904-423-5305

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90100 032 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE