

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703149

1. Entity Name

WOMAN'S CLUB OF NEW SMYRNA, INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90351 017 ****61.25

0059528

Principal Place of Business
403 MAGNOLIA, P O BOX 106
NEW SMYRNA BEACH FL 32170

Mailing Address
P.O BOX 106
NEW SMYRNA BEACH FL 32170
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
PERTOLA, PEGGY J.
325 N CAUSEWAY 8304
NEW SMYRNA BEACH FL 32069

7. Name and Address of New Registered Agent
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	AUGUSTA, WINNIE	
STREET ADDRESS	118 THOMAS ST	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TIPPY, BETTY	
STREET ADDRESS	105 DEE ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERTOLA, PEGGY J.	
STREET ADDRESS	325 N. CAUSEWAY #B-304	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCBRIDE, ALICE	
STREET ADDRESS	121 SHANGRI-LA CIRCLE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VARISHONE, LOU	
STREET ADDRESS	224 SHANGRI-LA CIRCLE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chambers, Martha	
STREET ADDRESS	23 Pelican Lane	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hagerty, Alice	
STREET ADDRESS	516 Boxwood Lane	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Varishone, Lou	
STREET ADDRESS	224 Shangri-La Circle	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brackett, Ruth	
STREET ADDRESS	335 N. Causeway F-2	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augusta, Winnie	
STREET ADDRESS	118 Thomas St.	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McBride, Alice	
STREET ADDRESS	121 Shangri-La Circle	
CITY-ST-ZIP	Edgewater, FL 32132	

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: *Alice McBride*
REQUIRED

March 16, 2002 386-423-5305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)