

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704167

1. Entity Name

OPA-LOCKA WOMAN'S CLUB, INC.

FILED

01 FEB 28 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

481 SHARAZAD BLVD.
OPA LOCKA FL 33054

Mailing Address

C/O MARY VANDERLAAN
2970 N.W. 164TH STREET
OPA LOCKA FL 33054
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01/27/01-90085-033 \$61.25

4. FEI Number
16-1412080

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDERLAAN, MARY C
2970 NW 164TH STREET
OPA LOCKA FL 33054-6424

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 NAME	S MOZYNSKI, CECELIA	<input type="checkbox"/> Delete
STREET ADDRESS	927 145TH ST NE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE NAME	1VD VANDERLAAN, MARY C	<input type="checkbox"/> Delete
STREET ADDRESS	2970 NW 164TH STREET	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE NAME	VD MUNK MADS, MAXINE	<input type="checkbox"/> Delete
STREET ADDRESS	6765 AZALEA DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE NAME	TS BATSON, KATHERINE	<input type="checkbox"/> Delete
STREET ADDRESS	2910 N W 165TH STREET	
CITY-ST-ZIP	OPA-LOCK FL	
TITLE NAME	P GUNDERSON, HOLLIE R	<input type="checkbox"/> Delete
STREET ADDRESS	2970 NW 164TH ST	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE NAME	O FLYNN, JACQUELINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	720 N W 217 TERRACE	
CITY-ST-ZIP	PEMBROKE PINE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	A.D3 MOZYNSKI, CECELIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	927 145TH ST, NE	
CITY-ST-ZIP	MIAMI, FL. 33161	
TITLE NAME	P VANDERLAAN, MARY C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2970 NW 164 STREET	
CITY-ST-ZIP	OPA-LOCKA	
TITLE NAME	TREAS-2D MUNK-MADSEN, MAXINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6765 AZALEA DR.	
CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE NAME	IVP+RS BATSON KATHERINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2910 NW 165TH ST.	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE NAME	ID HOLLIE R. GUNDERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2970 NW 164TH STREET	
CITY-ST-ZIP	OPA-LOCKA, FL. 33054	
TITLE NAME	CS CEOLA WILCOX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2960 NW 164 STREET	
CITY-ST-ZIP	OPA-LOCKA, FLA.	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

MARY C. VANDERLAAN PRES.

SIGNATURE:

Mary C. Vanderlaan

305-621-8147

CR2E037 (10/00)