

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90195 040 \*\*\*\*61.25

0020317

DOCUMENT # 704167

1. Entity Name  
**OPA-LOCKA WOMAN'S CLUB, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1412080**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

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 **D** ☐ Delete  
NAME **MOZYNSKI, CECELIA**  
STREET ADDRESS **927 145TH ST NE**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **P** ☐ Delete  
NAME **VANDERLAAN, MARY C**  
STREET ADDRESS **2970 NW 164TH STREET**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE **TD** ☐ Delete  
NAME **MUNK-MADSEN, MAXINE**  
STREET ADDRESS **6765 AZALEA DR**  
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE **VS** ☐ Delete  
NAME **BATSON, KATHERINE**  
STREET ADDRESS **2910 N W 165TH STREET**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **RS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DCS** ☐ Delete  
NAME **GUNDERSON, HOLLIE R**  
STREET ADDRESS **2970 NW 164TH ST**  
CITY-ST-ZIP **OPA-LOCKA FL 33054**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
NAME **Rose Sudol**  
STREET ADDRESS **480 NW 76 Ave., Bldg 1, Apt 102**  
CITY-ST-ZIP **Margate, FL 33063-4857**

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:

**MARY C VANDERLAAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/03**  
Date

Daytime Phone #

CR2E037 (10/02)