

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90214 045 ****61.25

DOCUMENT # 704257

1. Entity Name

DADE COUNTY FEDERATION OF WOMEN'S CLUBS

Principal Place of Business

**MIAMI WOMAN'S CLUB
 1737 N. BAYSHORE DR.
 MIAMI FL 33132
 US**

Mailing Address

**20251 SW 272 ST.
 HOMESTEAD FL 33031**

Q33070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6134539

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

**LOSNER, W H (MRS.)
 20251 SW 272 ST.
 HOMESTEAD FL 33031**

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	D	<input type="checkbox"/> Delete
NAME	CARRUTH, CHARLYNE	
STREET ADDRESS	7440 MIAMI LAKES DR	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, JR. J. ALAN	
STREET ADDRESS	12700 SW 67TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MILTON E.(MRS)	
STREET ADDRESS	16221 E. TROON CIR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEVORKIAN, VIRGINIA	
STREET ADDRESS	19631 E OAKMONT DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	C	<input type="checkbox"/> Delete
NAME	CUBILLAS, L. (MRS.)	
STREET ADDRESS	155 N.W. 123RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOSNER, WILLIAM H. (MRS.)	
STREET ADDRESS	20251 SW 272 ST.	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(MRS.)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____

Debra Wilson **RECEIVED** *Losner Treanna* **3/10/01**

305-249-8102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)