

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705531

1. Entity Name

SOROPTIMIST INTERNATIONAL OF BOYNTON BEACH-DELRA

Principal Place of Business

P.O. BOX 1325
BOYNTON BCH FL 33425-1325

Mailing Address

P.O. BOX 1325
BOYNTON BCH FL 33425-1325

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

59-6209869

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HORN, CHRISTINE M
3469 W. BOYNTON BEACH BLVD. #18
BOYNTON BCH FL 32436

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 ☐ Delete
NAME SHEPARD, BECKY
STREET ADDRESS 7442 TRESCOTT DRIVE
CITY-ST-ZIP LAKE WORTH FL

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

TITLE D ☐ Delete
NAME SHORMAN, GEORGIANA
STREET ADDRESS 1208 NW 7TH ST
CITY-ST-ZIP BOYNTON BCH. FL

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

TITLE P ☐ Delete
NAME KNIGHT, TAM
STREET ADDRESS 3001 LINTON BLVD., #201C
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE S ☐ Delete
NAME HORN, CHRISTINE
STREET ADDRESS 3469 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33432

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

TITLE T ☐ Delete
NAME SHORMAN, GEORGIANA
STREET ADDRESS 1208 NW 7TH ST
CITY-ST-ZIP BOYNTON BCH FL 33426

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

TITLE VP ☐ Delete
NAME HORN, CHRISTINE M
STREET ADDRESS 3469 BOYNTON BCH BLVD STE 18
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE M. HORN

Date

Daytime Phone #

541-736-20

1-172000

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90016 020 ****61.25



DO NOT WRITE IN THIS SPACE