2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
01-26-2000 90026 019 ****61.25

DOCUMENT # 705738

1. Entity Name

WOMAN'S CLUB OF LEESBURG

Principal Place of Business	Mailing Address
700 S. 9TH STREET P. O. BOX 490532 LEESBURG FL 34749-7532	700 S. 9TH STREET P. O. BOX 490532 LEESBURG FL 34749-0532

DO NOT WRITE IN THIS SPACE

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 59-1481485 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, HELEN
805 W WASHINGTON AVE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name: Juanita S. Hall
Street Address (P.O. Box Number is Not Acceptable): 1610 Michigan Ave.
City: Leesburg FL Zip Code: 34748

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: Juanita S. Hall 3-1-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JORDAN, BETSY H 5432 ASTOR ST LEESBURG FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Emma Zaiac 1016 N. Perkins st Leesburg Fl 3474 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALL, NITA 1610 MICHIGAN AVENUE LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jane Boothe 208 N. Valley Rd Fruitland PK Fl 347- ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RELYER, VIRGINIA 118 CYPRESS RD WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Virginia Relyea 118 Cypress Rd Wildwood Fl 34785 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, MARGARET 6206 STEFFI ST LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M. Ta Hall 1610 Michigan Ave Leesburg Fl 34748 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Required Emma Zaiac 1-20-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #