

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708529

1. Entity Name

JENSEN BEACH WOMEN'S ASSOCIATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90182 009 ****61.25

Principal Place of Business

Mailing Address

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958-1402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6140646

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

PRIBELLO, FELICE
30473 SE SALT CIR
PT ST LUCIE FL 34984

Name

Felice Pribelllo

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

3043 SE GALT CIRCLE

City

PT. ST. LUCIE

FL

Zip Code

34984

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

Felice Pribelllo

Treasurer

3/30/2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	MURAD, JOSEPH	
STREET ADDRESS	2026 SE ELM HURST RD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, ELIZABETH	
STREET ADDRESS	23 N. WARNER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUPP, ELIZABETH	
STREET ADDRESS	4143 N E SKYLINE DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, LILLIAN	
STREET ADDRESS	10725 OCEAN DR LT 497	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCY MOORE	
STREET ADDRESS	2413 N.E. ROBERTA STREET	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE HALL	
STREET ADDRESS	835 KRUEGAR PKY.	
CITY-ST-ZIP	STUART, FL. 34996	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE MURAD	
STREET ADDRESS	2026 SE ELMHURST RD.	
CITY-ST-ZIP	PT. ST. LUCIE, FL. 34952	
TITLE	JANE MATHESON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1725 SE LULLABY TER.	
STREET ADDRESS	PT. ST. LUCIE FL. 34952	
CITY-ST-ZIP		
TITLE	FELICE PRIBELLO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3043 SE GALT CIR.	
STREET ADDRESS	PT. ST. LUCIE FL. 34984	
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN MANN	
STREET ADDRESS	1566 SE MINORCA AVE	
CITY-ST-ZIP	PT. ST. LUCIE FL. 34952	
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:

Felice Pribelllo

3/30/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)