

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708529

1. Entity Name

JENSEN BEACH WOMEN'S ASSOCIATION

Principal Place of Business

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958

Mailing Address

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958

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

59-6140646

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 GALT CIR
PT ST LUCIE FL 34984

Name **PRIBELLO - FELICE**

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

3043 SE GALT CIR

PT. ST. LUCIE

City **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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, GRACE	
STREET ADDRESS	835 KRUEGAR PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURAD, JANE	
STREET ADDRESS	2026 SE ELMHURST RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATHESON, JENE	
STREET ADDRESS	1725 SE LULLABY TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	PULBELLO, FELICE	
STREET ADDRESS	3043 SE GALT CIR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANN, WARREN	
STREET ADDRESS	1566 SE MINORCA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

1-9-2001

561
386-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003376

CR2E037 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90082 016 ****61.25

C0006085



DO NOT WRITE IN THIS SPACE