

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708853

1. Entity Name

TAMPA LAKES WOMEN'S CLUB, INCORPORATED

Principal Place of Business

1902 S VILLAGE AVE
TAMPA FL 33612

Mailing Address

1902 S VILLAGE AVE
TAMPA FL 33612

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

59-6173316

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

CARAWAY, MRS. MITCHELL R.
10901 N NEWPORT AVE
TAMPA FL 33612

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 P ☐ Delete
NAME DILLON, PAT
STREET ADDRESS 2613 CARROLL LAKE ST
CITY-ST-ZIP TAMPA FL 33618

TITLE P ☐ Change ☐ Addition
NAME DOTTI SMITH
STREET ADDRESS 12011 N. GOMEZ AVE
CITY-ST-ZIP TAMPA FL 33618

TITLE VD ☐ Delete
NAME SMITH, DOTTIE
STREET ADDRESS 12011 N GOMEZ AVE
CITY-ST-ZIP TAMPA FL 33618

TITLE VD ☐ Change ☐ Addition
NAME ANETHA COCKRAN
STREET ADDRESS 1707 ROUND POND AVE
CITY-ST-ZIP TAMPA FL 33612-3922

TITLE VD ☐ Delete
NAME JOHNSON, KAY
STREET ADDRESS 4105 COX DRIVE
CITY-ST-ZIP LAND O' LAKES FL

TITLE VD ☐ Change ☐ Addition
NAME KAY JOHNSON
STREET ADDRESS 4105 COX DRIVE
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE T ☐ Delete
NAME O'BERRY, SHIRLEY A
STREET ADDRESS 11102 TEEGREEN RD
CITY-ST-ZIP TAMPA FL 33612

TITLE T ☐ Change ☐ Addition
NAME RUTH BECKER
STREET ADDRESS 12902 FOREST HILLS DR
CITY-ST-ZIP TAMPA FL 33612-3334

TITLE SVP ☐ Delete
NAME WALSTON, MARY
STREET ADDRESS 13813 CHERRYBROOK LANE
CITY-ST-ZIP TAMPA, FL 00000 33618

TITLE SVP ☐ Change ☐ Addition
NAME DICK ERICKSON
STREET ADDRESS 13514 Shady Shores Dr
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RUTH BECKER
SIGNATURE REQUIRED

4-12-02 813-932-9951

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90179 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)