

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708853

1. Entity Name

TAMPA LAKES WOMEN'S CLUB, INCORPORATED



FILED

03 JUN 17 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1902 S. VILLAGE AVE

3. Mailing Address

1902 S. VILLAGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

HILLSBORO

Zip

33612

Country

HILLSBORO

4. FEI Number

59-6173316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARAWAY, MRS. MITCHELL R.

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

10901 N. NEWPORT AVE

City

TAMPA FL

FL

Zip Code  
33612

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COCHRAN, ANETHA  
STREET ADDRESS 1707 ROUND POND AVE  
CITY-ST-ZIP TAMPA FL 33612-3922

TITLE VD  
NAME ERICKSON, MURIEL  
STREET ADDRESS 13514 SHADY SHORES DR  
CITY-ST-ZIP TAMPA FL 33612

TITLE VD  
NAME SIMON, RUTH  
STREET ADDRESS 5516--DRINKARD DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE T  
NAME PITTET, MILLIE  
STREET ADDRESS 14937 OLD POINTE ROAD  
CITY-ST-ZIP TAMPA FL 33613

TITLE S  
NAME SMITH, DOTTIE  
STREET ADDRESS 12011 N. GOMEZ AVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE SVP  
NAME KYLE, LOIS  
STREET ADDRESS 13108 N. OREGON AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

06/16/03 01082-003 \*\*\$61.25

600020897406  
06/16/03-01082-003 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anetha Cochran Pres.* ANETHA COCHRAN Pres. June 13, 2003

CR2E037B (12/02)