

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708871

1. Entity Name

WOMEN CIVIC CLUB OF BELLE GLADE, INC.

Principal Place of Business

1201 S.W. AVENUE E  
BELLE GLADE FL 33430

Mailing Address

P.O. Box 696  
1201 S.W. AVENUE E  
BELLE GLADE FL 33430

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

65-0740323

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

Name

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

City

FL

Zip Code

DUNKLEY, MARY F  
548 S.W. 5TH ST  
BELLE GLADE FL 33430

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  
After September 12, 2001, min. will be \$236.25

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  
PD  
DUNKLEY, MARY F  
548 S.W. 5TH STREET  
BELLE GLADE FL 33430 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
AVERY, MORDINE  
1224 S.W. AVE C  
BELLE GLADE FL 33430 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TAYLOR, REBA  
573 S.W. 11TH STREET  
BELLE GLADE FL 33430 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BYRD, MAE BELL  
1224 S.W. AVENUE C  
BELLE GLADE FL 33430 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
IDA A. GILULA  
841 S.W. AVE. B  
Belle Glade, Fl. 33430 ☒ 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

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: *Mary F Dunkley* REQUIRED

*July 13 561996692*

FILED  
Jul 17, 2001 8:00 am  
Secretary of State

07-17-2001 90094 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)