

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710903

1. Entity Name

RETIRED OFFICERS' WIVES' CLUB OF CENTRAL FLORIDA
INC.

Principal Place of Business

Mailing Address

ELKS CLUB
4755 HOWELL BRANCH RD
WINTER PARK FL 32792

P.O. BOX 300202
FERN PARK FL 32730-0202
US

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

23-7375267

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

JONES, DAVID A., CPA
125 E. MARKS STREET
ORLANDO FL 32803

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 PD
NAME HARRISON, MARTY
STREET ADDRESS 1231 LAKE PIEDMONT CIR
CITY-ST-ZIP APOPKA FL 32703 ☒ Delete

TITLE PD
NAME MYRLE NIELSEN
STREET ADDRESS 3125 NICHOLSEN DR.
CITY-ST-ZIP WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE 1VPD
NAME WILLIAMS, ELISABETH
STREET ADDRESS 1849 OAK LN
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE 1VPD
NAME MARGIE SIMMONS
STREET ADDRESS 1004 SHINNEDOCK HILLS DR.
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Change ☐ Addition

TITLE 2VPD
NAME HERRING, MILDRED
STREET ADDRESS 1580 HARRIS CIR
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE 3VP
NAME CORDES, ANN
STREET ADDRESS 533 EASTBRIDGE DR
CITY-ST-ZIP OVIEDO FL 32785 ☒ Delete

TITLE CS
NAME BETTY SCHUDER
STREET ADDRESS 250 IVY FARM LN.
CITY-ST-ZIP CASSELBERRY, FL 32707 ☒ Change ☐ Addition

TITLE RS
NAME PLAPP, BONNIE
STREET ADDRESS P.O. BOX 180774
CITY-ST-ZIP CASSELBERRY FL 32718 ☒ Delete

TITLE RS
NAME JUDY GRIEVE
STREET ADDRESS 1195 OAK CREEK CT
CITY-ST-ZIP WINTER SPRINGS, FL 32708 ☒ Change ☐ Addition

TITLE T
NAME HALE, KATHLEEN A
STREET ADDRESS 325 SOUTHCOT DR
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90004 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)