

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711354

1. Entity Name

COLUMBIA COUNTY WOMEN'S CLUB, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 030 ****61.25

Principal Place of Business

1171 MARTIN L KING JR DRIVE
LAKE CITY FL 32055
US

Mailing Address

P O BOX 443
LAKE CITY FL 32056-443
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0685929

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAYO, WILLIE DEAN
RT 8 BOX 453
LAKE CITY FL 32055

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

Willie Dean Mayo

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

(NOTE: Registered Agent signature required when reinstating)

8/25/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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 PD ☐ Delete
NAME MAYO, WILLIE DEAN
STREET ADDRESS RT 8 BOX 453
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE S ☐ Delete
NAME MULBROW, GEORGIA
STREET ADDRESS 272 DERBY ST
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE VD ☐ Delete
NAME COOLEY, WILLA V
STREET ADDRESS 1172 ABERDEEN ST
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE T ☐ Delete
NAME JOHNSON, INEZ
STREET ADDRESS 1390 PATTERSON ST
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE V ☐ Delete
NAME HAMILTON, EVERLENA
STREET ADDRESS 1249 S CAROLINA STREET
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE D ☐ Delete
NAME ROBINSON, FRANCENA
STREET ADDRESS LAURA STREET
CITY-ST-ZIP LAKE CITY FL 32055

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:

Willie Dean Mayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25, 2000
Date

904/758-1150
Daytime Phone #

CR2E037 (5/00)