

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2002 90064 019 ****61.25

DOCUMENT # 711354

1. Entity Name

COLUMBIA COUNTY WOMEN'S CLUB, INC.

Principal Place of Business

Mailing Address

1171 MARTIN L KING JR DRIVE
 LAKE CITY FL 32055
 US

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

Zip

Country

Zip

Country

4. FEI Number

59-0685929

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

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, President Willie Dean Mayo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/02

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 ☐ 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 FOREMAN, BARBARA
 STREET ADDRESS 1201 WILSON STREET
 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

Date

3/16/02

Daytime Phone #

386/758-1150

CR2E037 (9/01)