

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90060 021 ****61.25

DOCUMENT # 712366

1. Entity Name

**WESTBORO BUSINESS AND PROFESSIONAL WOMEN'S CLUB
 OF THE PALM BEACHES, INC.**

Principal Place of Business

Mailing Address

809 PALM BEACH LAKES BLVD. (33401)
 POST OFFICE BOX 1084
 WEST PALM BEACH FL 33402

809 PALM BEACH LAKES BLVD. (33401)
 POST OFFICE BOX 1084
 WEST PALM BEACH FL 33402

2. Principal Place of Business

1400 6th Street

3. Mailing Address

P.O. Box 1084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-2070998

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33402

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, LAURA
381 33RD ST.
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name *Annie R. Harrison, Pres.*

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

1400 6th Street

City *West Palm Beach, FL* Zip Code *33401*

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 *Annie R. Harrison, Pres.* *Annie R. Harrison* *4/22/02*
 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

TITLE **PD** ☐ Delete
 NAME **HARRISON, ANNIE R**
 STREET ADDRESS **1400 6TH ST.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VD** ☐ Delete
 NAME **RILEY, ROSILAND R**
 STREET ADDRESS **1700 EMBASSY DR., UNIT 601**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **FSD** ☐ Delete
 NAME **STARKS, THELMA**
 STREET ADDRESS **809 PALM BEACH LAKES BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ Delete
 NAME **GRIER, MILNE M**
 STREET ADDRESS **2441 SUNRISE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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: *Annie R. Harrison*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 *561-832-3646*
 Date Daytime Phone #

CR2E037(9/01)