

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90161 039 *****61.25

DOCUMENT # 714366

1. Entity Name

EAST PALMETTO WOMENS CLUB, INC.



Principal Place of Business

1600 8TH AVE. WEST
PALMETTO FL 34221
US

Mailing Address

1600 8TH AVE W
PALMETTO FL 34221
US

90150760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1600 8th Ave E

1600 8th Ave E

City & State

City & State

Palmetto, FL

Palmetto, FL

Zip

Country

Zip

Country

34221 Manatee

34221 Manatee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2456840

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

DANIELS, EVA
1801 5TH AVE WEST
PALMETTO FL 34221

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DANIELS, EVA | |
| STREET ADDRESS | 1801 5TH AVE WEST | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SIMMONS, DOROTHY | |
| STREET ADDRESS | 3004 9TH AVE. DR. E. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BALKMAN, MELDORE | |
| STREET ADDRESS | 210 15TH ST. W. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

7/18/03

Date

941-722-8764

Daytime Phone #

CR2037 (4/03)