

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723208

1. Entity Name

JUNIOR WOMAN'S CLUB OF BOCA RATON, INC

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90064 004 \*\*\*\*61.25

Principal Place of Business 21558 SAN GERMAINE AVE BOCA RATON FL 33433 US	Mailing Address P.O. BOX 1005 BOCA RATON FL 33429-1005 US
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2. Principal Place of Business 23340 TREELINE DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State BOCA RATON, FL Zip 33428 Country USA	City & State Zip Country
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4. FEI Number 59-1828126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WANGER, BONNIE  
21558 SAN GERMAINE AVE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name  
LAURIE DIETZ  
Street Address (P.O. Box Number is Not Acceptable)  
23340 TREELINE DR  
City  
BOCA RATON FL Zip Code  
33428

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTEY, SANDRA 757 CAMINO LAKES CIR BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LICATA, DARLENE 23293 LAGO MAR CIR BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANT, ANNE 766 CAMINO LAKES CIR BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILDERMAN, LYNN 1089 NW 13 ST BOCA RATON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WANGER, BONNIE 21558 SAN GERMAINE AVE BOCA RATON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS AUFENANGER, BARBARA 2700 NW 26 ST BOCA RATON FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY SEILER 3931 NW 27 TERR. BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN KALER, VPD 21714 CROMWELL CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE SLIUKA VPD 4801 NW 25 WAY BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JANET BENTON 23054 POST GARDENS WAY #402 BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LAURIE DIETZ 23340 TREELINE DR. BOCA RATON, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Barbara Aufenanger - Treasurer 4/5/00 954-425-0638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)