

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90305 029 \*\*\*\*61.25

DOCUMENT # 723208

1. Entity Name

JUNIOR WOMAN'S CLUB OF BOCA RATON, INC

Principal Place of Business

Mailing Address

21558 SAN GERMAINE AVE  
BOCA RATON FL 33433  
US

P.O. BOX 1005  
BOCA RATON FL 33432  
US

2. Principal Place of Business

3. Mailing Address

6812 Calle del Paz N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

4. FEI Number

59-1828126

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

USA

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

WANGER, BONNIE  
21558 SAN GERMAINE AVE  
BOCA RATON FL 33433

Name  
Charlotte Lewis

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

6812 Calle del Paz N

Boca Raton

FL

Zip Code

33433

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

Charlotte Lewis Charlotte Lewis

4/24/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS AUFENANGER, BARBARA 2700 NW 26 ST BOCA RATON FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Mellgren 2601 NW 31st St Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Barbara Aufenanger 2700 NW 26th St Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pamela Bagdasarian 1561 SW 21st Lane Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charlotte Lewis 6812 Calle del Paz N Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Sec. Laurie Dietz 23340 Treeline Drive Boca Raton, FL 33428	<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: Charlotte Lewis Charlotte Lewis 4/24/02 561-391-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)