

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725048

1. Entity Name

COLONIAL HILLS WOMAN'S CLUB INC

Principal Place of Business

3852 PRIME PLACE
NEW PORT RICHEY FL 34652

Mailing Address

3852 PRIME PLACE
NEW PORT RICHEY FL 34652-6138

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

23-7376907

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

STREVELER, LORRAINE
5630 CHIPPER DRIVE
NEW PORT RICHEY FL 34652

Name Lorraine Streveler

Street Address (P.O. Box Number is Not Acceptable)
5630 Chipper Dr.

City New Port Richey FL 34652

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 Lorraine Streveler

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

(NOTE: Registered Agent signature required when reinstating)

Lorraine Streveler 1-10-00

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 P ☐ Delete
NAME GUETSCHOW, NATALIE
STREET ADDRESS 2905 MATCHLOCK DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE VPD ☒ Delete
NAME PERRY, MAE
STREET ADDRESS 5721 SAREN DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VPD ☒ Change ☐ Addition
NAME WARREN, AUDREY
STREET ADDRESS 5244 PALAFOX DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D ☐ Delete
NAME URBANSKI, GENEVIEVE
STREET ADDRESS 5052 BEACON HILL DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE T ☒ Delete
NAME WARREN, AUDREY
STREET ADDRESS 5244 PALAFOX DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE TD ☒ Change ☐ Addition
NAME LORRAINE STREVELER
STREET ADDRESS 5630 CHIPPER DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE SD ☐ Delete
NAME MELTON, JUNE
STREET ADDRESS 5854 OTIS DR
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90022 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)