

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727553

1. Entity Name

WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, IN

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90540 003 \*\*\*\*61.25

0081471

Principal Place of Business

Mailing Address

POST OFFICE BOX 1405  
SAFETY HARBOR FL 34695-8405

POST OFFICE BOX 1405  
SAFETY HARBOR FL 34695-8405

00030000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6522475**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DOW, ELNA  
160 MEADOWLARK DRIVE  
SAFETY HARBOR FL 34695

Name

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

City

FL

Zip Code

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. ☐

\$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 **D** ☐ Delete  
NAME **BOTTIE, LIZ**  
STREET ADDRESS **214 MEADOWCROSS**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE **T** ☐ Delete  
NAME **DOWNS, GERRI**  
STREET ADDRESS **1095 MISSION CIRCLE**  
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **D** ☐ Delete  
NAME **EARLE, BONNIE**  
STREET ADDRESS **1776 ST CROIX DR**  
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **P** ☐ Delete  
NAME **DOW, ELNA L**  
STREET ADDRESS **160 MEADOWLARK DR**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **CLARK, BETTY**  
STREET ADDRESS **355 TUCKER ST**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **S/Margaret L. Vieregger** ☒ Change ☐ Addition  
NAME **104 E. Grapefruit Cir**  
STREET ADDRESS **Clearwater Fla 33759**  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **HOOLIHAN, CHARLOTTE**  
STREET ADDRESS **1736 LAKE CYPRESS DR**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ 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)(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 #

GERRI DOWNS 4/6/01 725-4483

CR2E037 (10/00)