

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734442

1. Entity Name

ARCADIA WOMAN'S CLUB, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90051 046 ****61.25

Principal Place of Business Mailing Address
2288 N. AMERICAN LEGION WAY WEST HICKORY STREET (OLD BRADENTON RD.)
ARCADIA FL 34265-0204 P.O. BOX 204
US ARCADIA FL 34265-0204
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2366309		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VARNER, IRIS 2943 SE CREEKWOOD ARCADIA FL 33821				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *Irma Varner* DATE 4-13-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALLACE, MURIEL			NAME	VARNER, IRIS		
STREET ADDRESS	302 E IMOGENE ST			STREET ADDRESS	2943 S.E. CREEKWOOD DR.		
CITY-ST-ZIP	ARCADIA FL 34268			CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUGHES, EMILY			NAME	WILLIAMS, HELEN		
STREET ADDRESS	12288 S.W. LEXINGTON			STREET ADDRESS	4307 NE HWY 17 #14		
CITY-ST-ZIP	ARCADIA FL 34266			CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOTT, HILDRED			NAME	COSTNER, MARY		
STREET ADDRESS	222 N. ROBERTS AVE			STREET ADDRESS	3028 NE ARCADIA AVE.		
CITY-ST-ZIP	ARCADIA FL 34266			CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	CS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLM, NORINE			NAME			
STREET ADDRESS	P O BOX 427 N/A			STREET ADDRESS			
CITY-ST-ZIP	NOCATEE FL 34268			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, ELIZABETH			NAME			
STREET ADDRESS	4875 S E APACHE RD			STREET ADDRESS			
CITY-ST-ZIP	ARCADIA FL 34266			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STROMSNES, HAZEL			NAME	HARMON, JOYCE		
STREET ADDRESS	7789 SW HWY 72			STREET ADDRESS	410 N. MILLS AVE.		
CITY-ST-ZIP	ARCADIA FL 34266			CITY-ST-ZIP	ARCADIA FL 34266		

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: *Elizabeth K Miller* DATE: 4/11/00 DAYTIME PHONE: 863/494-4877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)