2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 30, 2000 8:00 am
Secretary of State
08-01-2000 90004 015 ****61.25

DOCUMENT # 735230

1. Entity Name

THE LAKE SHORE WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2352 LAKE SHORE BLVD. JACKSONVILLE FL 32210	2352 LAKE SHORE BLVD. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

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 59-1422394 ☐ 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
BRYANT, CECILIA 1400 PRUDENTIAL DR. #3 JACKSONVILLE FL 32207	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 **After September 13, 2000 min. will be $236.25**	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	P BRYAN, LAURA 819 LEBRUN DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Harris, Jeannie 2029 Bo Peep Dr., West Jacksonville, Fl 32210-2915	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRIS, JEANNIE 2029 BO PEEP DR WEST JACKSONVILLE FL 32210-2915	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bradstreet, Sue 1019 Hillock Dr., East Jacksonville, Fl 32221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINDERWEEDLE, JEANNE 5462 LAMOYA AVE JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hill, Dorothy 1005 Hillock Dr., East Jacksonville, Fl 32221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEPREE, STELLA 2122 TEGNER DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Horton, Cecelia 6941 Cherbourg Avenue, South Jacksonville, Fl 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS HARMON, RUTH 5766 CEDAR PARK LANE JACKSONVILLE FL 32210-5246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INGRAM, ANNA 4931 RAGGEDY POINT RD ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Anna Ingram, Treasurer 7/25/2000 (904) 388-7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #