

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735230

1. Entity Name

THE LAKE SHORE WOMAN'S CLUB, INC.

**FILED**  
Jul 10, 2001 8:00 am  
Secretary of State

07-10-2001 90120 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2352 LAKE SHORE BLVD.  
JACKSONVILLE FL 32210

2352 LAKE SHORE BLVD.  
JACKSONVILLE FL 32210

A0076316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1422394

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

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**

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 TP  
NAME HARRIS, JEANNIE  
STREET ADDRESS 2029 BO PEEP DR, WEST  
CITY-ST-ZIP JACKSONVILLE FL 32210-2915 ☐ Delete

TITLE TP  
NAME Ingram, Anna  
STREET ADDRESS 4931 Raggedy Point Rd.  
CITY-ST-ZIP Orange Park, Fl., 32003 ☐ Change ☐ Addition

TITLE VPT  
NAME BRADSTREET, SUE  
STREET ADDRESS 1019 HILLOCK DR EAST  
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE VPT  
NAME Bradstreet, Sue  
STREET ADDRESS 1019 Hillock Dr., East  
CITY-ST-ZIP Jacksonville, FL 32221 ☐ Change ☐ Addition

TITLE VPT  
NAME HILL, DOROTHY  
STREET ADDRESS 1005 HILLOCK DR EAST  
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE VPT  
NAME Bryan, Laura  
STREET ADDRESS 819 LeBrun Dr.  
CITY-ST-ZIP Jacksonville, Fl., 32205 ☐ Change ☐ Addition

TITLE VP  
NAME HORTON, CECILIA  
STREET ADDRESS 6941 CHERBOURG AVE, SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE VPT  
NAME Hill, Dorothy  
STREET ADDRESS 1005 Hillock Dr., East  
CITY-ST-ZIP Jacksonville, fl., 32221 ☐ Change ☐ Addition

TITLE RS  
NAME HARMON, RUTH  
STREET ADDRESS 5766 CEDAR PARK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32210-5246 ☐ Delete

TITLE RS  
NAME Harmon, Ruth  
STREET ADDRESS 5766 Cedar Park Lane  
CITY-ST-ZIP Jacksonville, fl, 32210-5246 ☐ Change ☐ Addition

TITLE T  
NAME INGRAM, ANNA  
STREET ADDRESS 4931 RAGGEDY POINT RD  
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE T  
NAME Moldoon, Marilyn  
STREET ADDRESS 5354 Pondue Lane  
CITY-ST-ZIP Jacksonville, FL 32244 ☐ 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)(f), 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, President

7/5/01 (904) 388-7921

001645

CR2E037 (10/00)