

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 735393**

1. Entity Name

BROOKSVILLE WOMAN'S CLUB, INCORPORATED**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90003 035 ****61.25

Principal Place of Business

Mailing Address

131 SOUTH MAIN STREET
BROOKSVILLE FL 34601131 SOUTH MAIN STREET
BROOKSVILLE FL 34601-3336

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

23-7034705

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

PHILLIPS, W. C.
904 CEDAR DRIVE
BROOKSVILLE FL 34601

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	COMPTON, EUNICE	1522 PONCE DE LEON BLVD	BROOKSVILLE FL 34601	<input type="checkbox"/>
D	BISSELL, GRACE	7080 HIGH CORNER RD	BROOKSVILLE FL	<input type="checkbox"/>
PD	WILLIAMS, ORA	900 N BROAD ST #3082	BROOKSVILLE FL	<input type="checkbox"/>
D	WICK-KINNER, GEORGIA	1491 SABRA DR	BROOKSVILLE FL	<input type="checkbox"/>
T	BOWDREN, EVELYN	15043 SNOW MEMORIAL HWY	BROOKSVILLE FL	<input type="checkbox"/>
S	SENGER, LETTY	12327 CORONADO DRIVE	SPRING HILL FL 34609	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #