

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736433

1. Entity Name

THE LADIES CLUB OF POINCIANA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90111 008 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 430 LONG DR. KISSIMMEE FL 34759		Mailing Address 430 LONG DR. KISSIMMEE FL 34759-4017	
2. Principal Place of Business Community Center Complex Suite, Apt. #, etc. 395 Marigold Avenue City & State Kissimmee, Florida		3. Mailing Address Community Center Complex Suite, Apt. #, etc. 395 Marigold Avenue City & State Kissimmee, Florida	
Zip 34759	Country USA	Zip 34759	Country USA
6. Name and Address of Current Registered Agent MACHLEITH, RUTH 430 LONG DR. KISSIMMEE FL 34759		7. Name and Address of New Registered Agent Name Mrs. Joan Groh Street Address (P.O. Box Number is Not Acceptable) 206 Snapper Place Poinciana City Kissimmee FL Zip Code 34759	

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 Joan Groh, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 2, 2000

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	PD HOKANSON, BARBARA 716 TAHITI DR KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ida Singh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 Cornwallis Ct. Kissimmee, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOUNERUNO, VIRGINIA 335 DAGAMA COURT KISSIMMEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Liley Thompson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 Long Drive Kissimmee, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, WINIFRED 701 E CADDY LANE KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joan Groh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 Snapper Place Kissimmee, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSBORNE, HELEN 519 BASIL CT KISSIMMEE FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carol Mayle 205 Snapper Way Kissimmee, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS FIELDS, WINIFRED 701 E CADDY LANE KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACHLEITH, RUTH 430 LONG DR. KISSIMMEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Joan Groh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 2000

DATE

Daytime Phone #