

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90023 026 ****61.25

0082511

DOCUMENT # 736433

1. Entity Name

THE LADIES CLUB OF POINCIANA, INC.

Principal Place of Business

**430 LONG DR.
 KISSIMMEE FL 34759**

Mailing Address

**430 LONG DR.
 KISSIMMEE FL 34759**

00007720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Community Center Complex

Suite, Apt. #, etc.

401 Walnut Street

City & State

Kissimmee, Florida

Zip

34759

Country

USA

3. Mailing Address

Community Center Complex

Suite, Apt. #, etc.

401 Walnut Street

City & State

Kissimmee, Florida

Zip

34759

Country

USA

4. FEI Number

59-1840080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MACHLEITH, RUTH
 430 LONG DR.
 KISSIMMEE FL 34759**

**Mason, Nancy
 450 Spike Court
 Kissimmee, FL 34759**

7. Name and Address of New Registered Agent

Name

Nancy Mason

Street Address (P.O. Box Number is Not Acceptable)

450 Spike Court

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

Nancy Mason

Nancy Mason, Treasurer

January 10, 2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOKANSON, BARBARA	
STREET ADDRESS	716 TAHITI DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DOUNERUNO, VIRGINIA	
STREET ADDRESS	335 DAGAMA COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIELDS, WINFRED	
STREET ADDRESS	701 E CADDY LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, HELEN	
STREET ADDRESS	519 BASIL CT	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	CS	<input type="checkbox"/> Delete
NAME	FIELDS, WINFRED	
STREET ADDRESS	701 E CADDY LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACHLEITH, RUTH	
STREET ADDRESS	430 LONG DR.	
CITY-ST-ZIP	KISSIMMEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winifred Fields	
STREET ADDRESS	701 E. Caddy Lane	
CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	2nd Co-Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ida Singh	
STREET ADDRESS	308 Cornwallis Ct.	
CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE	2nd Co-Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liley Thompson	
STREET ADDRESS	401 Long Drive	
CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Mason	
STREET ADDRESS	450 Spike Court	
CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	Asst. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheilah Watson	
STREET ADDRESS	707 Toltec Place	
CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Nancy Mason, Treasurer

January 10, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)