

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736777

1. Entity Name

DANA SHORES WOMAN'S CLUB, INC.

Principal Place of Business

3916 EDEN ROCK CIRCLE
TAMPA FL 33634
US

Mailing Address

3916 EDEN ROCK CIR. W.
TAMPA FL 33634-7420

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

59-3102100

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

SARDEGNA, JO C
3916-EDEN ROCK CIRCLE WEST
TAMPA FL 33634

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 PD ☐ Delete
NAME KITTE ISTD, MERRILEE
STREET ADDRESS 3928 EDENROCK CIR WEST
CITY-ST-ZIP TAMPA FL 33634

TITLE PD ☐ Change ☐ Addition
NAME MARY CHIRICO
STREET ADDRESS 3928 FONTAINE BLVD
CITY-ST-ZIP TAMPA FL 33634

TITLE TD ☐ Delete
NAME SARDEGNA, JO
STREET ADDRESS 3916 EDEN ROCK CIRCLE WEST
CITY-ST-ZIP TAMPA FL 33634

TITLE TD ☐ Change ☐ Addition
NAME SARDEGNA, JO
STREET ADDRESS 3916 EDENROCK CIR W
CITY-ST-ZIP TAMPA, FL 33634

TITLE VPD ☐ Delete
NAME POSEY, ANN
STREET ADDRESS 3915 VEKSAILES DR
CITY-ST-ZIP TAMPA FL 33634

TITLE VPD ☐ Change ☐ Addition
NAME BEASINICROPE
STREET ADDRESS 3926 DORAL
CITY-ST-ZIP TAMPA

TITLE VP ☐ Delete
NAME JACKSON, SUE
STREET ADDRESS 3919 VEASAILLES DR
CITY-ST-ZIP TAMPA FL 33634

TITLE 2VP ☐ Change ☐ Addition
NAME KITTE ISTD, MERRILEE
STREET ADDRESS 3928 EDENROCK CIR W
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RESECT ☐ Change ☐ Addition
NAME BAILEY, PAT
STREET ADDRESS 3926 FONTAINE BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CON SAT ☐ Change ☐ Addition
NAME MAW, TINA
STREET ADDRESS 3915 VEKSAILES
CITY-ST-ZIP TAMPA FL 33634

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I hereby 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

Tres. 4-21-00 884.6282

Date

Daytime Phone #

CR2E037 (9/99)