

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90018 010 \*\*\*\*61.25

**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**

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

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

7. Name and Address of New Registered Agent

Name

**SAME**

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

**SAME**

City

**SAM**

**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

TITLE **PD** ☒ Delete  
 NAME **KITTE ISTAD, MERRILEE**  
 STREET ADDRESS **3928 EDENROCK CIR WEST**  
 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 **VPD** ☒ Delete  
 NAME **POSEY, ANN**  
 STREET ADDRESS **3915 VEKSAILLES DR**  
 CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE **Recording Secy** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Corresponding Secy** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Barbara, Pat** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3926 RONTAINBLEAU**  
 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **Same** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **NEWARK, KONTA** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3924 AMERICANA DR**  
 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **JONES, JEWELL** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3928 - AMERICANA DR**  
 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **Chiricos, MARY** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3928 - RONTAINBLEAU**  
 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MAW, TINA** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3915 VERSAILLES DR**  
 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 119.07(4)(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:

**SARDEGNA, JO C**

**5-1-01 (813) 894-628-**

CR2E037 (10/00)