

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-23-2002 90431 020 ****61.25

DOCUMENT # 736777

1. Entity Name

DANA SHORES WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**3916 EDEN ROCK CIRCLE
 TAMPA FL 33634
 US**

**3916 EDEN ROCK CIR. W.
 TAMPA FL 33634**

30652

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 NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, PAT 3826 FONTAINEBLEAU TAMPA FL 33634 <i>delete</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDEGNA, JO 3916 EDEN ROCK CIRCLE WEST TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, NORMA 3924 AMERICANA DR. TAMPA FL 33634 <i>delete</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JEWELL 3928 AMERICANA DR. TAMPA FL 33634 <i>delete</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CHIRICOS, MARY 3928 FONTAINEBLEAU TAMPA FL 33634 <i>delete</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MAWN, TINA 3915 VERSAILLES DR. TAMPA FL 33634 <i>delete</i>	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO Achin Aida 3925 Fontainebleau Tampa, FL 33634 <i>Pres</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO Sardegna JO 3916 Eden Rock Circle Tampa, FL 33634 <i>Pres</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Verith Amy D 3937 DRAKE Tampa, FL 33634 <i>Verith</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO Dominate, Tracy 3921 Eden Rock Circle Tampa, FL 33634 <i>Pres</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA Betty Cheri 3904 Versailles Road Tampa FL 33634 <i>Sec</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Bingham, Renee 3920 Versailles Tampa, FL 33634 <i>Sec</i>	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)