

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738566

1. Entity Name

GFWC ROYALE WOMAN'S CLUB OF BOCA RATON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90289 018 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1077
BOCA RATON FL 33429-1077

P.O. BOX 1077
BOCA RATON FL 33429-1077

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

59-6223407

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

KEELEY, JOSEPH F., P.A.
2424 NO. FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

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	TD	<input type="checkbox"/> Delete
NAME	POTVIN, BEATRICE	
STREET ADDRESS	790 SW ELM TREE LANE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBIN, BONNIE	
STREET ADDRESS	5135 FLORIDA DR. #F	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AMBLER, CAROL	
STREET ADDRESS	6035 VERDE TRAIL SOUTH #J-224	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAUSS, MARY	
STREET ADDRESS	6152 N. VERDE TR. #E-103	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MULLENNIX, JUDY	
STREET ADDRESS	6760 JARDIN PL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, JANE	
STREET ADDRESS	5578 CAMEO DR. N.	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgia Lyon	
STREET ADDRESS	6037 Balboa Circle, #406	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelby Holden	
STREET ADDRESS	750 S. Ocean Blvd. #1-N	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Robinson	
STREET ADDRESS	1060 Pepperidge Terrace	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melba Dorne	
STREET ADDRESS	21745 Contado Road	
CITY-ST-ZIP	Boca Raton, FL 33486	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Shelby E. Holden* Shelby E. Holden 4/24/2000 561-395-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)