

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90517 042 \*\*\*\*61.25

**DOCUMENT # 738566**

1. Entity Name

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



Principal Place of Business  
P.O. BOX 1077  
BOCA RATON FL 33429-1077

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

44005439

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **POTVIN, BEATRICE**  
STREET ADDRESS **790 SW ELM TREE LANE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete  
NAME **BURFORD, JACKIE**  
STREET ADDRESS **918 JEFFREY STREET**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **S** ☒ Delete  
NAME **ROBINSON, SARA**  
STREET ADDRESS **1060 PEPPERIDGE TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **P** ☐ Delete  
NAME **DONAHUE, KAREN L**  
STREET ADDRESS **10271 BROOKSVILLE LANE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VD** ☐ Delete  
NAME **STEWART, DOROTHY**  
STREET ADDRESS **1040 SW 21ST STREET**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TD** ☐ Delete  
NAME **HOLDEN, SHELBY E**  
STREET ADDRESS **750 S OCEAN BLVD APT. 1-N**  
CITY-ST-ZIP **BOCA RATON FL 33432**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **TD** ☐ Change ☐ 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: *Shelby E Holden* **Shelby E Holden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/08**

Date

**561-395-9122**

Daytime Phone #

CR2E037 (10/02)