

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90538 013 ****61.25

0027145

DOCUMENT # 740761

1. Entity Name

THE ROSETTE WOMEN'S CLUB, INC.

Principal Place of Business

**4094 COLUMBIA ST
 ORLANDO FL 32811**

Mailing Address

**4094 COLUMBIA ST
 ORLANDO FL 32811**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2132689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, MRS LOUISE
 4094 COLUMBIA ST
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

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

TITLE **SD** ☐ Delete
 NAME **KING, SUSAN**
 STREET ADDRESS **3211 SAN PEDRO LANE**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **V** ☐ Delete
 NAME **TEJADA, WANDA**
 STREET ADDRESS **5205 CHAMPANGE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PD** ☐ Delete
 NAME **STEWART, LOUISE**
 STREET ADDRESS **4094 COLUMBIA ST.**
 CITY-ST-ZIP **ORLANDO FL 00000**

TITLE **TD** ☐ Delete
 NAME **MIDDEBROOK, GRACE**
 STREET ADDRESS **232 LIONEL AVE.**
 CITY-ST-ZIP **ORLANDO FL 00000**

TITLE **D** ☐ Delete
 NAME **STANLY, BENNIE**
 STREET ADDRESS **4099 MINOSA ST**
 CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **S** ☐ Delete
 NAME **DALLAS, GENEVA**
 STREET ADDRESS **216 ST. JOHNS CIR. #200**
 CITY-ST-ZIP **FERN PARK FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **Tejada, Wanda**
 STREET ADDRESS **624 Cookman Ave**
 CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ 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 ☒ Change ☐ Addition
 NAME **S GENEVA Dallas**
 STREET ADDRESS **2231 Oakbridge Way**
 CITY-ST-ZIP **Orlando, FL 32808**

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:

Geneva Dallas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

407-834-4014

Date

Daytime Phone #

CR2E037 (10/00)