1/19/00-90205-013-$61.25-$61.25

DOCUMENT # 743520

1. Entity Name

CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB

FILED

00 FEB 28 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
617 W. HAITI P. O. BOX 791 CLEWISTON FL 33440 US	P O BOX 791 CLEWISTON FL 33440-0791 US

DO NOT WRITE IN THIS SPACE

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 59-1849406 — 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
PINTO, ROSE MARY 617 W HAITI CLEWISTON FL 33440	Name: Linda F Weiland Street Address (P.O. Box Number is Not Acceptable): PO Box 791 / 617 W. Haiti Ave. City: Clewiston FL Zip Code: 33440

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: Linda F Weiland — 1-11-2000

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: PD NAME: WEILAND, LINDA STREET ADDRESS: 611 RIDGEVIEW CIRCLE CITY-ST-ZIP: CLEWISTON FL 33440	☐ Delete	TITLE: Treas NAME: Linda Weiland STREET ADDRESS: 611 Ridgeview CITY-ST-ZIP: Clewiston, Fl. 33440	☑ Change ☐ Addition
TITLE: VD NAME: PERRY, LAURA STREET ADDRESS: P.O. BOX 145 CITY-ST-ZIP: CLEWISTON FL 33440	☒ Delete	TITLE: PD NAME: Laura Burtchin STREET ADDRESS: CITY-ST-ZIP: Clewiston, Fl. 33440	☐ Change ☑ Addition
TITLE: VP NAME: FOUNTAIN, ROBIN STREET ADDRESS: RT 1 BOX 82 CITY-ST-ZIP: CLEWISTON FL 33440	☐ Delete	TITLE: SD NAME: Robin K Fountain STREET ADDRESS: Rt 1 Box 82 CITY-ST-ZIP: Clewiston Fl 33440	☑ Change ☐ Addition
TITLE: TD NAME: PINTO, ROSE-MARY STREET ADDRESS: 617 W HAITI CITY-ST-ZIP: CLEWISTON, FL 0 33440	☐ Delete	TITLE: VP NAME: Rosemary Pinto STREET ADDRESS: 617 W Haiti CITY-ST-ZIP: Clewiston, Fl. 33440	☑ Change ☐ Addition
TITLE: SD NAME: HORN, KATHLEEN STREET ADDRESS: P.O. BOX 932 N/A CITY-ST-ZIP: CLEWISTON FL 33440	☒ Delete	TITLE: Nita Choban - VP NAME: STREET ADDRESS: PO Box 1366 CITY-ST-ZIP: Clewiston, Fl. 33440	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

KE

CR2E037 (9/99)

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: Linda F Weiland — 1-11-2000 — 941-983-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #