

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743526

1. Entity Name

CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB

Principal Place of Business

617 W. HAITI
P. O. BOX 791
CLEWISTON FL 33440
US

Mailing Address

P O BOX 791
CLEWISTON FL 33440
US

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

WEILAND, LINDA F
617 W. HAITI AVE.
CLEWISTON FL 33440

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

Linda Weiland
Signature, typed or printed name of registered agent and title if applicable.

LINDA F Weiland, Treas

1-5-01

(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 ☐ Delete

NAME WEILAND, LINDA
STREET ADDRESS 611 RIDGEVIEW CIRCLE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete

NAME PD
STREET ADDRESS BURTCHER, LAURA
CITY-ST-ZIP P.O. BOX 145
CLEWISTON FL 33440

TITLE ☒ Delete

NAME SD
STREET ADDRESS FOUNTAIN, ROBIN
CITY-ST-ZIP RT 1 BOX 82
CLEWISTON FL 33440

TITLE ☐ Delete

NAME VD
STREET ADDRESS PINTO, ROSE-MARY
CITY-ST-ZIP 617 W HAITI
CLEWISTON FL 33440

TITLE ☒ Delete

NAME VP
STREET ADDRESS CHOBAN, NITA
CITY-ST-ZIP PO BOX 1366
CLEWISTON FL 33440

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME VP
STREET ADDRESS ~~BURTCHER, LAURA~~
CITY-ST-ZIP P.O. BOX 145
CLEWISTON, FL 33440

TITLE ☐ Change ☒ Addition

NAME SD
STREET ADDRESS ~~KATHY HORN, KATHY~~
CITY-ST-ZIP P.O. BOX
CLEWISTON, FL 33440

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME PD
STREET ADDRESS Anita Shade
CITY-ST-ZIP Lehigh Acres, FL

TITLE ☐ 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:

Linda Weiland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

863-983-4901

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90226 014 *****61.25

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DO NOT WRITE IN THIS SPACE