

# 2002 UNIFORM BUSINESS REPORT (UBR)

2.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90098 035 \*\*\*\*61.25

**DOCUMENT # 743526**

1. Entity Name

**CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.**

Principal Place of Business

Mailing Address

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Yara Sanchez**

**Same as before**

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

**Yara Sanchez** **Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/21/02**

**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	T	<input type="checkbox"/> Delete
NAME	WEILAND, LINDA	
STREET ADDRESS	611 RIDGEVIEW CIRCLE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURTCHE, LAURA	
STREET ADDRESS	P.O. BOX 145	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HORN, KATHY	
STREET ADDRESS	PO BOX	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PINTO, ROSE-MARY	
STREET ADDRESS	617 W HAITI	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHADE, ANITA	
STREET ADDRESS	PO BOX 1366	
CITY-ST-ZIP	LEHIGH ACRES FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	weiland, Linda	
STREET ADDRESS	611 Ridgeview Circle	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yara Sanchez	
STREET ADDRESS	411 W. Sagamore Ave.	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tara Lamb	
STREET ADDRESS		
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/02** **863-983-4901**

Date

Daytime Phone #

CR2E037 (9/01)