

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748352

1. Entity Name

MONTICELLO WOMAN'S CLUB

Principal Place of Business

975 E PEARL STREET
MONTICELLO FL 32344
US

Mailing Address

P.O. BOX 176
MONTICELLO FL 32345
US

2. Principal Place of Business

975 E Pearl St.
Suite, Apt. #, etc.
Monticello Fla.

3. Mailing Address

P.O. Box 176
Suite, Apt. #, etc.
Monticello Fla.

City & State

City & State

Zip

Country

Zip

Country

32344 Jefferson

32345 Jefferson

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO FL 32344

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TID
BERRY, LOTTIE ☐ Delete
P.O. BOX 534 (N/A)
MONTICELLO FL 32344

President
Amanda Ouzts ☐ Change ☐ Addition
3841 N. Jefferson St.
Monticello, Fla. 32344

TID
CHITWOOD, LOUISE ☐ Delete
RT 2, BOX 220
MONTICELLO FL 32344

Louise Chitwood ☐ Change ☐ Addition
2nd Vice Pres.
3695 N. Jefferson St.
Monticello, Fla. 32344

TID
JAYLOI, EMILY ☐ Delete
P O BOX 473
MONTICELLO FL 32344

1st Vice President
Lottie Berry ☐ Change ☐ Addition
P.O. Box 534
Monticello, Fla.

TTD
OUZTS, AMANGA ☐ Delete
RR 2, BOX 219-H
MONTICELLO FL 32344

Emily Jayloi ☐ Change ☐ Addition
President
1585 Seck Rd.
Monticello, Fla.

TID
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TID
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Change ☐ Addition
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 REQUIRED

4-16-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)