

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 049 ****61.25

DOCUMENT # 753367

1. Entity Name

THE QUIN WOMENS CLUB, INC.

Principal Place of Business

Mailing Address

**RT. 2, BOX 49
 MONTICELLO FL 32344**

**RT. 2, BOX 49
 MONTICELLO FL 32344**

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 **59-2144425**

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

**PARRISH
 MINTON, OLLIE DELL
 RT. 2, BOX 49
 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
 After September 12, 2001, min. will be \$236.25**

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 **D PARRISH**
 STREET ADDRESS **PARRISH, OLLIE DELL**
 CITY-ST-ZIP **RT. 2, BOX 49
 MONTICELLO FL 32344**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SEABROOKS, ESSIE M**
 CITY-ST-ZIP **RT 2 BOX 43
 MONTICELLO FL 32344**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERRING, ANN L**
 CITY-ST-ZIP **ROUTE 2 BOX 79
 MONTICELLO FL 32344**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SEABROOKS, JACQUELINE**
 CITY-ST-ZIP **ROUTE 2 BOX 84F
 MONTICELLO FL 32344**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JONES, OLLIE J**
 CITY-ST-ZIP **ROUTE 2 BOX 40
 MONTICELLO FL 32344**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CRUMITY, JUANITA M**
 CITY-ST-ZIP **1130 WEST 25TH STREET
 RIVIERA BEACH FL 33404**

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 life empowered.

SIGNATURE:

Olle Dell Parrish

07/20/01

850 997-5621

CR2E037 (5/01)