

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90128-034-\$61.25-\$61.25

APPROVED
AND
FILED

DOCUMENT # 754945

1. Entity Name

CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.

00 MAR -7 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O 1009 E. PONCE DE LEON BLVD. CORAL GABLES FL 33134
Mailing Address: C/O 1009 E. PONCE DE LEON BLVD. CORAL GABLES FL 33134

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: **59-6153542**
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

MCGROARTY, VICKI
6914 SW 114 PL
#D
MIAMI FL 33173

Name: **Barbara J. Lapsley**
Street Address (P.O. Box Number is Not Acceptable): **3727 Ponce de Leon Blvd**
City: **Coral Gables, FL** Zip Code: **33134**

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: *Barbara J. Lapsley* (NOTE: Registered Agent signature required when reinstating)
DATE: **1-21-2000**

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: YANDA, ANGLE STREET ADDRESS: 124525 SW 108 PL CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: MCGROARTY, VICKY STREET ADDRESS: 6914 SW 114 PL #D CITY-ST-ZIP: MIAMI FL 33173	<input checked="" type="checkbox"/> Delete
TITLE: RSD NAME: TORRES-RIVERA, IRIS STREET ADDRESS: 8805 SW 113 PL CIRCLE WEST CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: RIOS, TERESA STREET ADDRESS: 6286 SW 10 TR CITY-ST-ZIP: MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: MCLELLAN, LISA STREET ADDRESS: 8951 SW 196 DR CITY-ST-ZIP: MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

TITLE: President D NAME: Terio Rios-Otera STREET ADDRESS: 6286 S.W. 10th Terr. miami, FL 33144 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President D NAME: Gael Jose STREET ADDRESS: 13445 S.W. 80th Rd CITY-ST-ZIP: Miami, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Recording Sec: D NAME: Patty Brewer STREET ADDRESS: 12416 S.W. 187th Terr. CITY-ST-ZIP: Miami, FL 33177	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Treas. D NAME: Barbara J. Lapsley STREET ADDRESS: 3727 Ponce de Leon Blvd CITY-ST-ZIP: Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara J. Lapsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-21-2000**
DAY/TIME PHONE #: **305-4465445**

CP-6037 (9/99)