

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90006 003 \*\*\*\*61.25

**DOCUMENT # 754945**

1. Entity Name

**CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.**

Principal Place of Business

Mailing Address

C/O 1009 E. PONCE DE LEON BLVD.  
CORAL GABLES FL 33134C/O 1009 E. PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-6153542

Applied For

Not Applicable.

Zip

Country

Zip

Country

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

LAPSLEY, BARBARA J  
3727 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

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. PROVISIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIOS-OTERA, TERIO	
STREET ADDRESS	6286 S.W. 10TH TERR.	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Collier	
STREET ADDRESS	16250 S.W. 83rd Ave	
CITY-ST-ZIP	MIAMI, FL. 33157	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOSE, GAEL	
STREET ADDRESS	13445 S.W. 80TH RD.	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RSD	<input type="checkbox"/> Delete
NAME	BREWER, PATTY	
STREET ADDRESS	12610 S.W. 187TH TERR.	
CITY-ST-ZIP	MIAMI FL 33177	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice-President	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	LAPSLEY, BARBARA J	
STREET ADDRESS	3727 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Recording-Sec	
STREET ADDRESS	marisol Tamaraz330	
CITY-ST-ZIP	818 Venetia Ave Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:

*ADAM LOURENCE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

305-446-5445

Daytime Phone #

CR2E037 (10/00)