

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90040 014 \*\*\*\*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 33134

C/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 & State

City & State

Zip

Country

Zip

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

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 date 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

TITLE PD  
NAME COLLIER, MICHELE  
STREET ADDRESS 16250 SW 83RD AVE  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE RSD  
NAME TAMARAZZO, MARISOL  
STREET ADDRESS 818 VENETIA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE VDVP  
NAME BREWR, PATTY  
STREET ADDRESS 12610 S.W. 187TH TERR.  
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE TD  
NAME LAPSLEY, BARBARA J  
STREET ADDRESS 3727 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE RSD  
NAME Cohn, Diane  
STREET ADDRESS 16632 N.W. 21 St.  
CITY-ST-ZIP Pembroke Pines, FL 33028 ☐ Change ☒ Addition

TITLE VDVP  
NAME Campbell Alison  
STREET ADDRESS 1306 Jefferson St.  
CITY-ST-ZIP Hollywood, FL 33019 ☐ Change ☒ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

305-446-5445

Daytime Phone #

CR2E037 (9/01)