

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90113 013 ****61.25

DOCUMENT # 754945

1. Entity Name

CORAL GABLES JUNIOR WOMAN'S CLUB FOUNDATION INC.



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

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, MICHELE	
STREET ADDRESS	16250 SW 83RD AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	DOHN, DIANE	
STREET ADDRESS	16532 NW 21 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VDVP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ALISON	
STREET ADDRESS	1306 JEFFERSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	SCHAEFER, PAM	
STREET ADDRESS	6370 SW 102 ST.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TILSON, SUSAN	
STREET ADDRESS	7360 SW 166 ST.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MICHELE	
STREET ADDRESS	16250 SW 83RD AVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X SIGNATURE REQUIRED BARBARA J. LAPSLEY 2/7/03 (305) 446-5445

CR2E037 (10/02)