

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755693

1. Entity Name

WOMAN'S CLUB OF PEMBROKE PINES, INC.

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90003 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

MARJORIE A. JEFFERS  
2401 S.W. 26 AVE.  
FT. LAUDERDALE FL 33312  
US

MARJORIE A. JEFFERS  
2401 S.W. 26 AVE.  
FT. LAUDERDALE FL 33312  
US

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

59-2066614

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

JEFFERS, MARJORIE A  
MARJORIE A. JEFFERS  
2401 S.W. 26 AVE.  
FT. LAUDERDALE FL 33312

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HERTEL, BARBARA  
STREET ADDRESS 430 SW 67 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE SD ☐ Delete  
NAME RODGERS, JUDY  
STREET ADDRESS 6981 S.W. 5TH ST.  
CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE TD ☐ Delete  
NAME JEFFERS, MARJORIE A  
STREET ADDRESS 2401 SW 26 AVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE: MARJORIE A. JEFFERS 4-22-2002 954-321 9483

CR2E037 (9/01)