

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755878

1. Entity Name

IDEAL WOMAN'S CLUB OF WINTER PARK, FLORIDA, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90077 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

IDEAL WOMAN'S CLUB  
141 PENNSYLVANIA AVE  
WINTER PARK FL 32789  
US

IDEAL WOMAN'S CLUB  
141 PENNSYLVANIA AVE  
WINTER PARK FL 32789-4138  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Ideal Woman's Club*

*Ideal Woman's Club*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*141 Pennsylvania Ave*

*141 Pennsylvania Ave*

City & State

City & State

*Winter park, FL*

*Winter Park, FL*

Zip

Country

Zip

Country

*32789*

*Orange*

*32789*

*Orange*

4. FEI Number

59-1714341

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

INGRAM, ERNESTINE  
678 CALLAHAN ST.  
141 S PENNSYLVANIA AVENUE  
WINTER PARK FL 32789

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 ☐ Delete  
NAME D  
STREET ADDRESS INGRAM, ERNESTINE  
CITY-ST-ZIP 678 CALLAHAN ST  
WINTER PARK FL

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Ingram Ernestine  
CITY-ST-ZIP 678 callahan st  
Winter park, FL

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS DIXON, BEVERLY  
CITY-ST-ZIP 431 PENNSYLVANIA AVE  
WINTER PARK FL

TITLE ☐ Change ☐ Addition  
NAME VD  
STREET ADDRESS Dixon Beverly  
CITY-ST-ZIP 431 Pennsylvania Ave  
Winter park, FL

TITLE ☐ Delete  
NAME S  
STREET ADDRESS EARLENE, BLUE  
CITY-ST-ZIP 777 W. LYMAN AVE.  
WINTER PARK FL

TITLE ☐ Change ☐ Addition  
NAME S  
STREET ADDRESS Earlene Blue  
CITY-ST-ZIP 777 W. Lyman Ave  
Winter park, FLA

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CERTAIN, ROUVENIA  
CITY-ST-ZIP 4038 LAUREL BRANCH LN  
ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS Certain Rouvenia  
CITY-ST-ZIP 4038 laurel Branch Ln  
Orlando, FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BLUE, EARLENE  
CITY-ST-ZIP 777 W. LYMAN AVENUE  
WINTER PARK FL

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS Blue Earlene  
CITY-ST-ZIP 777 W. Lyman Ave  
Winter park, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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: *Ernestine Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/00*  
Date

Daytime Phone #

CR2E037 (9/99)