

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90037 001 \*\*\*\*61.25

**DOCUMENT # 755878**

1. Entity Name

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

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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1714341**

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

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

*Ernestine Ingram*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*February 15 2001*

**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 **ERNESTINE Ingram**  
 STREET ADDRESS **678 Callahan St.**  
 CITY-ST-ZIP **Winter Park FL 32789**

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

TITLE ☐ Change ☐ Addition  
 NAME **BEVERLY Dixon**  
 STREET ADDRESS **431 Pennsylvania Ave**  
 CITY-ST-ZIP **Winter Park Fla 32789**

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

TITLE ☐ Change ☐ Addition  
 NAME **Earlene Blue**  
 STREET ADDRESS **777 W. Lyman Ave**  
 CITY-ST-ZIP **Winter Park Fla 32789**

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

TITLE ☐ Change ☐ Addition  
 NAME **Rovenia Certain**  
 STREET ADDRESS **3341 Bellington Drive**  
 CITY-ST-ZIP **Orlando Fla 32835**

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

TITLE ☐ Change ☐ Addition  
 NAME **Earlene Blue**  
 STREET ADDRESS **777 W. Lyman Ave**  
 CITY-ST-ZIP **Winter Park Fla 32789**

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)(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:

*Ernestine Ingram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John K 2001 407 644 9174*

Date

Daytime Phone #

CR2E037 (10/00)