

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0011389

DOCUMENT # 755878

1. Entity Name

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

04-10-2002 90436 018 ****61.25

B0062533



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--------------------------|---|--------------------------|
| Principal Place of Business IDEAL WOMAN'S CLUB 141 PENNSYLVANIA AVE WINTER PARK FL 32789 US | | Mailing Address IDEAL WOMAN'S CLUB 141 PENNSYLVANIA AVE WINTER PARK FL 32789 US | |
| 2. Principal Place of Business <i>Ideal Woman's Club</i> | | 3. Mailing Address <i>Ideal Woman's Club</i> | |
| Suite, Apt. #, etc. <i>141 Pennsylvania Ave</i> | | Suite, Apt. #, etc. <i>141 Pennsylvania Ave</i> | |
| City & State <i>Winter park, Fla</i> | | City & State <i>Winter park, Fla.</i> | |
| Zip <i>32789</i> | Country <i>Orange</i> | Zip <i>32789</i> | Country <i>Orange</i> |
| 6. Name and Address of Current Registered Agent INGRAM, ERNESTINE 678 CALLAHAN ST. 141 S PENNSYLVANIA AVENUE WINTER PARK FL 32789 | | 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>1</i> | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |

| | | |
|---------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D INGRAM, ERNESTINE 678 CALLAHAN ST WINTER PARK FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Ingram Ernestine</i> <i>678 Callahan st</i> <i>Winter park, Fla. 32789</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DIXON, BEVERLY 431 PENNSYLVANIA AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>VD Dixon Beverly</i> <i>431 Pennsylvania Ave</i> <i>Winter park, Fla. 32789</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EARLENE, BLUE 777 W. LYMAN AVE. WINTER PARK FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>S Earlene Blue</i> <i>777 W. Lyman Ave</i> <i>Winter park, Fla. 32789</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CERTAIN, ROUVENIA 3341 BELLINGTON DRIVE ORLANDO FL 32835 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>T Certain Rouvenia</i> <i>3341 Bellington Dr</i> <i>Winter park, Fla 32835</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLUE, EARLENE 777 W. LYMAN AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>T Earlene Blue</i> <i>777 W. Lyman Ave</i> <i>Winter park, Fla. 32789</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Earlene Blue Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 407-644-9386
Date Daytime Phone #

CR2E037 (9/01)