

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90011 039 ****61.25

DOCUMENT # 759414

1. Entity Name

GRAND SLAM DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

~~SUGAR SAND PARK~~
~~BOCA RATON FL~~
 US

1151 S.W. SECOND STREET
 BOCA RATON FL 33432
 US

00100004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

WOMAN'S CLUB OF DEERFIELD
 Suite, Apt. #, etc.
 910 W HILLSBORO BLVD

910 W HILLSBORO BLVD
 Suite, Apt. #, etc.

City & State
 DEERFIELD BEACH, FL

City & State

4. FEI Number

59-1782259

Applied For

Not Applicable

Zip
 # 33441

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

OVELMEN, MARTORIE
 1151 S.W. 2ND STREET
 BOCA RATON FL 33486

Name **MARJORIE OVELMEN**

Street Address (P.O. Box Number is Not Acceptable)
 1151 SW 2 ST

City **BOCA RATON**

FL

Zip Code **33486**

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

Marjorie Ovelmen

9-6-00

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

After September 13, 2000 min. will be \$236.25

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.

ECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, VIRGINIA S.	
STREET ADDRESS	875 E. CAMINO REAL 2B	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POCKROS, SIGMUND	
STREET ADDRESS	22878 GREENVIEW TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOUNSBURY, LOLITA	
STREET ADDRESS	3108 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROYE, NANCY	
STREET ADDRESS	3001 DEER CREEK BLVD #353	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	COOPER, RON	
STREET ADDRESS	6574 NE 39TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREW, ALLENE	
STREET ADDRESS	911 SW TAMARINO WAY	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marjorie Ovelmen	
STREET ADDRESS	1151 S W Second St	
CITY-ST-ZIP	Boca Raton, Florida 33486	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marge Barth	
STREET ADDRESS	1731 N W 49th Street	
CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruthie Fay Waldman	
STREET ADDRESS	4740 S Ocean Blvd	
CITY-ST-ZIP	Highland Beach, Fl 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Roye,	
STREET ADDRESS	7460 LaPaz Pl	
CITY-ST-ZIP	Boca Raton, Fl 33433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delores Blackwell	
STREET ADDRESS	3009 S Ocean Blvd	
CITY-ST-ZIP	Highland Beach, Fl 3348	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Orcutt	
STREET ADDRESS	208 N E 51st Court	
CITY-ST-ZIP	Pompano Beach, Fl 33364	

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 Ovelmen

MARJORIE OVELMEN

9-6-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)