

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 26, 2000 8:00 am
Secretary of State

01-29-2000 90132 021 ****61.25

DOCUMENT # 762088

1. Entity Name

THE HAMMOCK WOMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MALACOMBA RD.
P.O. BOX 841
PALM COAST FL 32137
US

POB 841
FLAGLER BEACH FL 32136-0841
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

59-1926592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOBER, LORENE
6 SWEETBAY DR
PALM COAST FL 32137

Name: **Shaffer, Sara**
Street Address (P.O. Box Number is Not Acceptable)
15 West 16th Road
Palm Coast, FL 32137
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

Sarah S Shaffer

SARAH S SHAFFER

4-13-00

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

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	<input checked="" type="checkbox"/> Delete
NAME	SCHOBER, LORENE	
STREET ADDRESS	6 SWEETBAY DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERMAN, ROBERTA	
STREET ADDRESS	58 OCEANSIDE DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MINARIK, LILLIAN G	
STREET ADDRESS	65 BRISTOL LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHENCK, PAT	
STREET ADDRESS	6 SWEETBAY DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAYER, FAYE	
STREET ADDRESS	ARMOND BEACH DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, SARAH	
STREET ADDRESS	15 W. 16TH RD.	
CITY-ST-ZIP	PALM COAST FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sara Shaffer	
STREET ADDRESS	15 West 16th Road	
CITY-ST-ZIP	Palm Coast, FL. 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schober, Lorene	
STREET ADDRESS	6 Sweetbay Dr	
CITY-ST-ZIP	Palm Coast FL 32137	

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:

SARAH S SHAFFER

1-26-00 904445822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #