

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762487

1. Entity Name

HERNANDO BEACH WOMEN'S CLUB, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90154 042 ****61.25

Principal Place of Business

Mailing Address

C/O KATHLEEN LONERGAN
4120 CAMELIA DRIVE
HERNANDO BEACH FL 34607

C/O KATHLEEN LONERGAN
4120 CAMELIA DRIVE
HERNANDO BEACH FL 34607-3303

C0008109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177848

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

LONERGAN, KATHLEEN F
4120 CAMELIA DRIVE
HERNANDO BEACH FL 34607

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 S
STREET ADDRESS ELLIOTT, ALICE
CITY-ST-ZIP 4493 HAITI DR
HERNANDO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KRABEL, JANE
CITY-ST-ZIP 4124 DAISY DR
HERNANDO BCH FL 34607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BREEDEN, BETTY
CITY-ST-ZIP 3161 FLAMINGO BLVD
HERNANDO BEACH FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS BUFF, TRAVERS
CITY-ST-ZIP 4472 JACONA DR
HERNANDO BEACH FL 34607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS LONERGAN, KATHLEEN F
CITY-ST-ZIP 4120 CAMELIA DRIVE
HERNANDO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathleen F. Lonergan Treasurer

Date

Daytime Phone #

1/13/2000 597-1130

CR2E037 (9/99)