

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90049 033 ****61.25

DOCUMENT # 762487

1. Entity Name
HERNANDO BEACH WOMEN'S CLUB, INC.

Principal Place of Business
**C/O KATHLEEN LONERGAN
4120 CAMELIA DRIVE
HERNANDO BEACH FL 34607**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number **59-2177848**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LONERGAN, KATHLEEN F
4120 CAMELIA DRIVE
HERNANDO BEACH FL 34607**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIOTT, ALICE	
STREET ADDRESS	4493 HAITI DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRABEL, JANE	
STREET ADDRESS	4124 DAISY DR	
CITY-ST-ZIP	HERNANDO BCH FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREEDEN, BETTY	
STREET ADDRESS	3161 FLAMINGO BLVD	
CITY-ST-ZIP	HERNANDO BEACH FL 33607	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUFF, TRAVERS	
STREET ADDRESS	4472 JACONA DR	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONERGAN, KATHLEEN F	
STREET ADDRESS	4120 CAMELIA DRIVE	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'AMATO, Theresa	
STREET ADDRESS	4109 Gulf Coast Drive	
CITY-ST-ZIP	Hernando Beach, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEHL, Meta	
STREET ADDRESS	7452 Shepherd Ave	
CITY-ST-ZIP	Spring Hill, FL 34606	

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** **1-9-01** **597-1130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)