

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90168 012 ****70.00

0066447

DOCUMENT # 766617

1. Entity Name

HURRAH WOMAN'S CLUB, INC.

Principal Place of Business

111 ALAFIA ROAD
RT 2 BOX 49
BOWLING GREEN FL 33834
US

Mailing Address

ROUTE 2 BOX 49
BOWLING GREEN FL 33834

00005089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6615434

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, OLLIE
ROUTE 1, BOX 262
LITHIA FL 33547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	MORGAN, OLLIE	
STREET ADDRESS	ROUTE 1, BOX 262	
CITY-ST-ZIP	LITHIA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEASLEY, SUE	
STREET ADDRESS	PO BOX 161 N/A	
CITY-ST-ZIP	LITHIA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DRIGGERS, KAY	
STREET ADDRESS	ROUTE 1, BOX 265-0	
CITY-ST-ZIP	LITHIA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOWNSEND, LAURA	
STREET ADDRESS	RT 2. BOX 49	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

813-634-3296

Daytime Phone #

CR2E037 (10/00)