

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768214

1. Entity Name

EBONY WOMAN'S CLUB, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 021 ****61.25

Principal Place of Business

OLIVER ST.
 POB 1243
 CROSS CITY FL 32628

Mailing Address

OLIVER ST.
 POB 1243
 CROSS CITY FL 32628

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

59-2364451

Applied For

Not Applicable

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

HOLLIS, SALLY MAE
 CENTER ST.
 CROSS CITY FL 32628

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

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

Sally mae Hollis
 (NOTE: Registered Agent signature required when reinstating)

9/8/00
 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME TAYLOR, MARY RUTH G.
 STREET ADDRESS FRANKLIN AVE POB 815 N/A
 CITY-ST-ZIP CROSS CITY FL

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

TITLE **PD** ☐ Delete
 NAME HOLLIS, SALLY MAE
 STREET ADDRESS CENTER ST PO BOX 111 N/A
 CITY-ST-ZIP CROSS CITY FL

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

TITLE **SD** ☐ Delete
 NAME JOHNSON, HEDIE BELL
 STREET ADDRESS CHESS HALL AVE POB393 NA
 CITY-ST-ZIP CROSS CITY, FL 00000

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

TITLE **T** ☐ Delete
 NAME DAWSON, ELIZABETH
 STREET ADDRESS OLIVER ST PO BOX 162 N/A
 CITY-ST-ZIP CROSS CITY FL

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

TITLE **D** ☐ Delete
 NAME SMITH, WILLMONTEEN R.
 STREET ADDRESS DIXIE ST PO BOX 638 NA/
 CITY-ST-ZIP CROSS CITY FL

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

TITLE **D** ☐ Delete
 NAME Carolyn Kirkland
 STREET ADDRESS Oliver St Po Box 5
 CITY-ST-ZIP Cross City, FL

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:

Elizabeth Dawson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00 (352)498-1333
 Date Daytime Phone #

CR2E037 (5/00)