

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770052

1. Entity Name

WOMAN'S CLUB OF WILTON MANORS, INC.

Principal Place of Business

600 NORTHEAST 21ST COURT
WILTON MANORS FL 33305

Mailing Address

600 NORTHEAST 21ST COURT
WILTON MANORS FL 33305-2137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1104211

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

RUMIN, EDWARD R
2720 E. OAKLAND PARK BLVD.
SUITE 106
FORT LAUDERDALE FL 33306

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 \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, GWEN	
STREET ADDRESS	2012 NE 4TH AVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOUSTON, MARION	
STREET ADDRESS	2224 N.E. 19TH AVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHABOT, MARGARET	
STREET ADDRESS	2011 MW-3RD TERRACE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	RS	<input type="checkbox"/> Delete
NAME	WIPPLINGER, PHYLLIS	
STREET ADDRESS	1801 NE 23RD AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	CS	<input type="checkbox"/> Delete
NAME	RUSSO, SADIE	
STREET ADDRESS	1628 NE 16TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MYERS, ADELINE R.	
STREET ADDRESS	520 NE 20TH ST APT. 107	
CITY-ST-ZIP	WILTON MANORS FL 33305	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, MARY
STREET ADDRESS	140 N.E. COURSE E 117
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD MARGARET
STREET ADDRESS	1940 N.E. 2ND AVE 1035
CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTEL KITHY
STREET ADDRESS	1418 N.E. 18TH AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
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:

Adeline R. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 2000 566-5779
Date Daytime Phone #

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90134 041 ****61.25

803360



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)