

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90009 014 ***150.00

DOCUMENT # K43921

1. Entity Name

WOMEN'S CLUB OF COCONUT CREEK, INC.

Principal Place of Business

Mailing Address

CYNTHIA LEONARD
 NW 4 ST
 COCONUT CREEK FL 33066

C/O CYNTHIA LEONARD
 4421 NW 4 ST
 COCONUT CREEK FL 33066-1723
 US

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 Sandra Welch

40 Sandra Welch

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4321 N.W. 10th St

4321 N.W. 10th St

City & State

City & State

Coconut Creek FL

Coconut Creek FL

Zip

Country

33066

Broward

Zip

Country

33066

Broward

4. FEI Number 59-1911858

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, CYNTHIA
 4421 NW 4 ST
 COCONUT CREEK FL FL 33066

7. Name and Address of New Registered Agent

Name Welch, Sandra
 Street Address (P.O. Box Number is Not Acceptable) 4321 N.W. 10th St
 Coconut Creek
 City FL Zip Code 33066

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

Sandra Lelleker

President

2.7.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELANCE, CYNTHIA M. 4400 NW 4TH ST COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, SHARON 4481 NW 4TH ST COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, CYNTHIA 4421 NW 4 STREET COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS BARBARA 4460 NW 4 STREET COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Evans, Barbara 4460 N.W. 4th St Coconut Creek FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Monti, Shirley Coconut Creek FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Welch, Sandra 4321 N.W. 10th St Coconut Creek FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Power, Elaine 3838 N.W. 42nd Way Coconut Creek FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Lelleker

2/7/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)