

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90113 010 ****61.25

DOCUMENT # N01000007298

1. Entity Name

CARROLLWOOD AREA WOMEN'S CLUB, INC.



Principal Place of Business

**4152 BRENTWOOD PARK CIRCLE
TAMPA FL 33624**

Mailing Address

**4152 BRENTWOOD PARK CIRCLE
TAMPA FL 33624**

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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LONGSTREET, WILDA G
4152 BRENTWOOD PARK CIRCLE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **HERZOG, E. HEIDE**
Street Address (P.O. Box Number is Not Acceptable)
9115 BRINDLEWOOD
City **ODESSA** FL Zip Code **33556**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

E. Heide Herzog, E. HEIDE HERZOG 4-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	WILDE, DOREEN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5011 PALOMA DR.	
CITY-ST-ZIP		TAMPA FL 33624	
TITLE	D	MCKENZIE, KAY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2806 ORMANDY CT.	
CITY-ST-ZIP		TAMPA FL 33618	
TITLE	D	LAWRENCE, HELEN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4701 WINDFLOWER CIR.	
CITY-ST-ZIP		TAMPA FL 33624	
TITLE	P	O'LEARY, LINDA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		14930 DEVONSHIRE WOODS PLACE	
CITY-ST-ZIP		TAMPA FL 33624	
TITLE	S	THIELEMANN, BETTY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		19353 SANDY SPRINGS CIRCLE	
CITY-ST-ZIP		LUTZ FL 33558-9734	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Thickmann, Betty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		19353 SANDY SPRINGS CIRCLE	
CITY-ST-ZIP		LUTZ, FL 33558-9734	
TITLE	S	Danielson, Eleanor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		1903 N VILLAGE AVE	
CITY-ST-ZIP		TAMPA, FL 33612	
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: **E. Heide Herzog, E. HEIDE HERZOG 4-8-03**

CR2E037 (10/02)