

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0057250

DOCUMENT # N01286

1. Entity Name

ELITE WOMEN'S CLUB, INCORPORATED

05-17-2001 91078 038 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 3651
 PLANT CITY FL 33566

P.O. BOX 3651
 PLANT CITY FL 33566

00055113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2454016

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

7. Name and Address of New Registered Agent

TAYLOR, THEODORE N.
111 EAST REYNOLDS STREET
PLANT CITY FL 33566

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUMMERS, EUNICE	
STREET ADDRESS	1415 LOTELA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, DOROTHY	
STREET ADDRESS	1004 E. JENKINS	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WASHINGTON, PATRICIA	
STREET ADDRESS	308 SOUTH MERRIN ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	RUTH, ROBERTA	
STREET ADDRESS	1814 E. OHIO STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEYS, WILLIE MAE	
STREET ADDRESS	1319 LOUISIANA ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP		
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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** *Patricia Washburn* 5/7/01 813-752-5252

CR2E037 (10/00)