

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0004021

**DOCUMENT # NO2000001746**

1. Entity Name

**THE COUNTRY CLUB OF MOUNT DORA WOMEN'S CLUB, INC**



09-08-2003 90324 007 \*\*\*\*61.25

Principal Place of Business

9050 LAUREL RIDGE DR.  
MOUNT DORA FL 32757

Mailing Address

9050 LAUREL RIDGE DR.  
MOUNT DORA FL 32757

2. Principal Place of Business

8031 SAINT ANDREWS WAY

3. Mailing Address

8031 SAINT ANDREWS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

4. FEI Number

59-3467066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TAYLOR, TONI C  
9050 LAUREL RIDGE DR.  
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name ANN T. BROOKS

Street Address (P.O. Box Number is Not Acceptable)

8031 SAINT ANDREWS WAY

City MOUNT DORA

FL

Zip Code 32757

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 ANN T. BROOKS, TREASURER Ann T. Brooks 9/5/03  
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**  
**After September 10, 2003, min will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, TONI C	
STREET ADDRESS	9050 LAUREL RIDGE DR.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REARDON, MARY L	
STREET ADDRESS	5045 GREEN BRIAR TRAIL	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STUCCHI, PAULINE H	
STREET ADDRESS	9042 LAUREL RIDGE DR.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REARDON, MARY LYNN	
STREET ADDRESS	5045 GREEN BRIAR TRAIL	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JOYCE	
STREET ADDRESS	2210 CHASE COURT	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ANN T.	
STREET ADDRESS	8031 SAINT ANDREWS WAY	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
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 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: Ann T. Brooks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 352-385-1000  
352-385-0422

CR2E037 (4/03)