

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02873

1. Entity Name

THE WOMAN'S CLUB OF PALMETTO, FLORIDA

Principal Place of Business

910 6TH STREET WEST
P. O. BOX 832
PALMETTO FL 34220

Mailing Address

P. O. BOX 832
PALMETTO FL 34220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90190 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-1102003

Applied For
Not Applicable

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

ROGERS, LYNNE
340 S. ORCHID DR
ELLENTON FL 34222

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 Lynne Rogers, Sec.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, ANN 706 20TH AVE. WEST PALMETTO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAROS, BEVERLY 443 40TH CT. W. PALMETTO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORNWELL, MARTINA 1810 21ST ST WEST PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, JANICE 9304 US 41 N PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMART, DIANE 530 EDGEWATER DRIVE ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAN, INEZ 658 HARBOR CIRCLE ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Joyce Drews-Macek 6201 U.S. 41 N - # 2040 Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Shirley Sauders 900 26th Ave. W Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Beverly Jaros 443 40th Ct. W. Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lynne Rogers 340 S. Orchid Dr. Ellenton, FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Sylvia Walker 1770 Spencer Parrish Rd. Parrish, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. May Widmaier PO Box 383 Cortez, FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyce Drews-Macek

April 27, 2001 1941-129-75915

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CR2E037 (10/00)