

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # N06078****1. Entity Name****THE SOUTH PALM BEACH COUNTY WOMEN'S EXECUTIVE CLUB, INC.****Principal Place of Business****Mailing Address**

P.O. BOX 372

P.O. BOX 372

BOCA RATON

33429

US

FL

BOCA RATON

33429

US

FL

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**59-2583735**

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****KATZ EILEEN B**
8555 EAGLE RUN DRIVE**BOCA RATON****33434****FL**

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

04/17/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ EILEEN B		NAME		
STREET ADDRESS	8555 EAGLE RUN DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNEISER SALLY		NAME	JAFFEE SHEILA	
STREET ADDRESS	140 N FEDERAL HWY		STREET ADDRESS	7453 CHABLIS COURT	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KICH SYBILLA		NAME	KNEISER SALLY	
STREET ADDRESS	2255 GLADES RD 412-E		STREET ADDRESS	140 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:****EILEEN B. KATZ****DT****04/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)