

2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90131-028-\$61.25-\$61.25

DOCUMENT # N07853

1. Entity Name

CEDAR KEY WOMAN'S CLUB, INC.

FILED

00 APR -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2419 EAST HWY. 24
CEDAR KEY FL 32625P.O. BOX 116
CEDAR KEY FL 32625-0116

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

7. Name and Address of New Registered Agent

CREASMAN, FRANCES
16550 HODGES AVENUE
CEDAR KEY FL 32625

Name

Same as item 6

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	☐ Delete
NAME	WALLING, GERRY (First Vice President)	
STREET ADDRESS	941-7TH STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	☐ Delete
NAME	HARRIS, NENA (Treasurer)	
STREET ADDRESS	67 S.W. PLACE HD RD	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/D	☒ Delete
NAME	STALTER, LORRIE	
STREET ADDRESS	16850 MARGERY STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE		☐ Change ☒ Addition
NAME	Drake, Lois (Secretary)	
STREET ADDRESS	8040 F Street	
CITY-ST-ZIP	Cedar Key, FL 32625	

TITLE	P/D	☐ Delete
NAME	CREASMAN, FRANCES P (President)	
STREET ADDRESS	16550 HODGES AVE.	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE		☐ Change ☒ Addition
NAME	Second Vice President	
STREET ADDRESS	Casey, Suzanne	
CITY-ST-ZIP	12151 SW 1065 Terrace Cedar Key, Florida 32625	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)