2001 UNIFORM BUSINESS REPORT (UBR)

4/:

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-03-2001 90064 025 ****61.25

DOCUMENT # N07853

1. Entity Name

CEDAR KEY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2419 EAST HWY. 24 CEDAR KEY FL 32625	P.O. BOX 116 CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 631 Suite, Apt. #, etc.
City & State	City & State: Cedar Key, Fl. 32625
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: Millie Bayha Street Address (P.O. Box Number is Not Acceptable): 16351 Shellcrest Av City: Cedar Key, FL Zip Code: 32625

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: Millie Bayha Pres. 3/30/01
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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D WALLING, GERRY 941-7TH STREET CEDAR KEY FL 32625	☒ Delete	Pres. D Millie Bayha 16351 SHELLCREST AV. Cedar Key,Fl 32625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HARRIS, NENA 67 S.W. PLACE HD RD CEDAR KEY FL 32625	☒ Delete	D 1st.V.P. Suzanne Casey 12151 S.W. 1065 Terrace Cedar Key,Fl. 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DRAKE, LOIS 8040 F STREET CEDAR KEY FL 32625	☐ Delete	2nd.V.P. T Janet Hendrix 12870 Jernigan Cedar Key,Fl.32625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CREASMAN, FRANCES P 16550 HODGES AVE. CEDAR KEY FL 32625	☒ Delete	Sec. T Lois,Drake 8040 F.STreet Cedar Key,Fl. 32625	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CASEY, SUZANNE 12151 S.W. 1065 TERRACE CEDAR KEY FL 32625	☐ Delete	Tres. T Nancy Reed 7950 S.W.132 Terr. CEDAR KEY, FL 32625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 Millie Bayha Pres. 3/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #