

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90015 032 ****61.25

DOCUMENT # N09070

1. Entity Name

WOMENS WORLD INVITATIONAL FLY CHAMPIONSHIP, INC.

Principal Place of Business

P.O. BOX 342
 ISLAMORADA FL 33036

Mailing Address

P.O. BOX 342
 ISLAMORADA FL 33036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2445429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BAKER, SUZAN
PEN KEY CLUB, 82994 O/S HWY
P.O.B. 189
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

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

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

TITLE P/D ☐ Delete
 NAME ROYALL, CHERYL
 STREET ADDRESS 161 LEONE
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE TR ☐ Delete
 NAME BAKER, SUSAN
 STREET ADDRESS PEN KEY CLUB, P.O.B. 189
 CITY-ST-ZIP ISLAMORADA FL

TITLE DVP ☐ Delete
 NAME HARBAUGH, DIANE
 STREET ADDRESS PO BOX 342
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DELETED~~ ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

Suzan Baker

3/28/01

305-569-0066

Date

Daytime Phone #

CR2E037 (10/00)