

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09787

1. Entity Name

NEW EDITION WOMEN'S CLUB INCORPORATED

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 029 ****70.00

Principal Place of Business

Mailing Address

% THERESA HENDERSON
2112 WINGER AVENUE
HAINES CITY FL 33844

% THERESA HENDERSON
2112 WINGER AVENUE
HAINES CITY FL 33844-9118

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
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, THERESA
2112 WINGER AVENUE
HAINES CITY FL 33844

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS SCOTT, LEONI
CITY-ST-ZIP 2211 NAUEL CIR
HAINES CITY FL 33844

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DANIELS, ZORA
CITY-ST-ZIP 132 WHITEHALL STREET
DAVENPORT FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DENNARD, LINDA
CITY-ST-ZIP 1804 ANGLE AVENUE
HAINES CITY FL

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS HENDERSON, THERESA
CITY-ST-ZIP 2112 WINGER AVENUE
HAINES CITY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEWIS, VIRGINIA
CITY-ST-ZIP 1239 AVENUE I
HAINES CITY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BURGESS, ANNETTE M.
CITY-ST-ZIP 807 N 5TH ST
HAINES CITY FL

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:

Theresa Henderson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

(863) 422-7695

Daytime Phone #

CR2E037 (9/99)