

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90042 001 \*\*\*\*61.25

**DOCUMENT # N19370**

1. Entity Name

**THE PARKLAND WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

**CYPRESSHEAD CLUBHOUSE  
 7501 S. CYPRESSHEAD DRIVE  
 PARKLAND FL 33067**

**6321 NW 58 WAY  
 PARKLAND FL 33067  
 US**

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

**63-0947050**

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

**MONAS, ADRIENNE  
 6225 NW 74 CT  
 PARKLAND FL 33067**

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	VP	<input type="checkbox"/> Delete
NAME	HICKMAN, CANDY	
STREET ADDRESS	7210 E. CYPRESSWOOD DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIMBEL, JUDITH	
STREET ADDRESS	550 ISLAMORADA TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KISSNER, MARY	
STREET ADDRESS	7810 SEQUOIA LN	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCHRISTIAN, PAULA	
STREET ADDRESS	6321 NW 58TH WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madelyn Benet	
STREET ADDRESS	5851 Holmberg Rd #1012	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA L'HEUREUX	
STREET ADDRESS	6628 NW 103 Lane	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Dietz	
STREET ADDRESS	23340 TreeLine DR	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Second Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula McChristian	
STREET ADDRESS	6321 NW 58th Way	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Gimbel	
STREET ADDRESS	550 Islamorada Terrace	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**BARBARA L'HEUREUX 2/21/02 9543402613**

CR2E037 (9/01)