FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **DOCUMENT # N20305** Secretary of State 1. Entity Name 02-21-2002 90053 046 ****61.25 STALIAN AMERICAN WOMEN'S CLUB OF BROWARD COUNTY, Principal Place of Business Mailing Address OO SHIRLEY CASEY C/O SHIRLEY CASEY 300 S.W. 112TH AVENUE 2300 S.W. 112TH AVENUE DAVIE FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0193228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASEY, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 2300 S.W. 112TH AVENUE DAVIE FL 33325 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition TITLE ☐ Delete TITLE Change (9/01 MELE. ARLEEN NAME NAME 309 N 31 AV STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE X Delete TITI F Change Frances Russo GALASSO, JOSEPHINE NAME NAME 12982 NW 6TH CT 6391 Harding Street STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete CASEY, SHERRY NAME NAME 2300 SW 112 AVE STREET ADDRESS STREET-ADDRESS DAVIE FL 33325 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F RUSSO, FRANCES Barbara Gesmo NAME NAME 6391 HARDING STREET 1425 5, 24th Court STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CiTY-ST-7IP CITY-ST-7IP Hollywood, Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

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