

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21459

1. Entity Name

WOMAN'S CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business

38540- 5TH AVENUE
PO BOX 735
ZEPHYRHILLS FL 33540
US

Mailing Address

P.O. BOX 735
PO BOX 735
ZEPHYRHILLS FL 33539-0735
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

59-6562281

Applied For

Not Applied For

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

MISHIC, MAGGIE
38405-5 EVERGREEN VILLAGE DR.
ZEPHYRHILLS FL 33540-2556

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 PD ☒ Delete
NAME SAYER, VIRGINIA
STREET ADDRESS 6621 FOXMOOR DR
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VPD ☒ Delete
NAME MASTIN, EMILIE
STREET ADDRESS 6413 LAURELWOOD DR
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VPD ☒ Delete
NAME FREMAN, RUTH
STREET ADDRESS 4751-17TH STREET
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE SD ☒ Delete
NAME OLSZEWSKI, BETTY
STREET ADDRESS 5307 BETTY STREET
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE CSD ☒ Delete
NAME RAY, WILMA
STREET ADDRESS 4717 OLIVE DR
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE TD ☐ Delete
NAME MISHIC, MAGGIE
STREET ADDRESS 39235 VILLAGE CHASE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE PD Lillian Miller ☒ Change ☐
NAME 38919 3rd Avenue
STREET ADDRESS Zephyrhills Fl 33540
CITY-ST-ZIP

TITLE VPD ☒ Change ☐
NAME Bird, Nina
STREET ADDRESS 6703-Pistachio
CITY-ST-ZIP Zephyrhills Fl 33540

TITLE VPD Gray, Joan ☒ Change ☐
NAME 5323 Hill Dr
STREET ADDRESS Zephyrhills, Fl 33541
CITY-ST-ZIP

TITLE SD Douglas, Norma ☒ Change ☐
NAME 4738 Cottage St
STREET ADDRESS Zephyrhills, Fl 33541
CITY-ST-ZIP

TITLE CSD Kelsey, Vicky ☒ Change ☐
NAME 6458 Brentwood Dr
STREET ADDRESS Zephyrhills, Fl 33541
CITY-ST-ZIP

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

SIGNATURE:

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

1-3-2000

Date

813-783-9375

Daytime Phone #

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

01-12-2000 90032 025 ****61.25

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