

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90186 008 ****61.25

DOCUMENT # N21459

1. Entity Name

WOMAN'S CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business

Mailing Address

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

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 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

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 MILLER, LILLIAN
 STREET ADDRESS 38919 3RD AVENUE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE PD ☐ Change ☐ Addition
 NAME Margaret Mishic
 STREET ADDRESS 38405-5 Evergreen Village Dr
 CITY-ST-ZIP Zephyrhills Fl 33540

TITLE VDP ☐ Delete
 NAME BIRD, NINA
 STREET ADDRESS 6703 PISTACHIO
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE VDP ☐ Change ☐ Addition
 NAME Jaon Gray
 STREET ADDRESS 5323 Hill Dr
 CITY-ST-ZIP Zephyrhills Fl 33541

TITLE VPD ☐ Delete
 NAME GRAY, JOAN
 STREET ADDRESS 5323 HILL DR
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VPD ☐ Change ☐ Addition
 NAME Esther Futter
 STREET ADDRESS 4914 Shaw Dr
 CITY-ST-ZIP Zephyrhills Fl 33541

TITLE SD ☐ Delete
 NAME DOUGLAS, NORMA
 STREET ADDRESS 4738 COTTAGE STREET
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE SD ☐ Change ☐ Addition
 NAME Carol Peterson
 STREET ADDRESS 35816 Briss St
 CITY-ST-ZIP Zephyrhills Fl 33541

TITLE CSD ☐ Delete
 NAME KELSEY, NORMA
 STREET ADDRESS 6458 BRENTWOOD DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE CSD ☐ Change ☐ Addition
 NAME Wilma Ray
 STREET ADDRESS 4717 Olive Dr
 CITY-ST-ZIP Zephyrhills Fl 33541

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

TITLE TD ☐ Change ☐ Addition
 NAME Luella Fusee
 STREET ADDRESS 6412 Jessup Dr
 CITY-ST-ZIP Zephyrhills Fl 33540

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:

Margaret Mishic Margaret Mishic 1/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)