

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23752

1. Entity Name

THE BRANFORD WOMAN'S CLUB, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90015 050 ****61.25

Principal Place of Business

Mailing Address

HIGHWAY 27
BRANFORD FL 32008

PO BOX 1084
BRANFORD FL 32008-1084

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

59-2918163

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

SCOTT, JOHN L.
SUWANNEE AVENUE
BRANFORD FL 32008

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	D	<input type="checkbox"/> Delete
NAME	SEE, NANCY J	
STREET ADDRESS	20293 89TH RD.	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, FLORA	
STREET ADDRESS	RT. 2 BOX 547	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JACKIE	
STREET ADDRESS	4541 256TH ST.	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARE, DORIS	
STREET ADDRESS	100 HWY 247	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAUGHT, GRACE	
STREET ADDRESS	2950 NW 91ST LANE	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Jackie Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00 (904) 935-1882

CR2E037 (9/99)