

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24369

1. Entity Name

ST. LUCIE SHORES WOMAN'S CLUB INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90209 043 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 7783
PORT ST. LUCIE FL 34985-7783
US

P.O. BOX 7783
PORT ST. LUCIE FL 34985-7783
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

NOT APPLICABLE

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

ERRERA, KATHLEEN
301 SE VERADA AVE
PORT ST. LUCIE FL 34983

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 Kathleen Errera

Signature, typed or printed name of registered agent and title if applicable.

Kathleen Errera

(NOTE: Registered Agent signature required when reinstating)

3/9/00

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 ERRERA, KATHLEEN
STREET ADDRESS 301 SE VERADA AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NELSON, BESSIE
STREET ADDRESS 443 KARNEY TER.
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME STAAB, LORETTA
STREET ADDRESS 8228 CINNAMON LANE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MONAHAN, JANE
STREET ADDRESS 584 SW ASTER RD
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PHILLIPS, ROSE
STREET ADDRESS 432 FAIRWAY LANDING
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Belle Kravetz
STREET ADDRESS 3074 S. E. Bakkersfield St.
CITY-ST-ZIP Port St. Lucie, FL 34952

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:

Belle Kravetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

(561) 335-9028

Daytime Phone #

CR2E037 (9/99)