

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90030 016 ****61.25

DOCUMENT # N24369

1. Entity Name

ST. LUCIE SHORES WOMAN'S CLUB INC.

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

Roman, June

Street Address (P.O. Box Number is Not Acceptable)

1261 Mendavia Ave.

Port St. Lucie, Fl.

34952

City

Port St. Lucie

FL

34952

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 June Roman, President

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

(NOTE: Registered Agent signature required when reinstating)

4/21/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ERRERA, KATHLEEN 301 SE VERADA AVE PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, BESSIE 443 KARNEY TER. PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONAHAN, JANE 584 SW ASTER RD PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, ROSE 432 FAIRWAY LANDING PORT ST. LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAVETZ, BELLE 3074 SE BAKESFIELD STREET PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roman, June 1261 Mendavia Ave Port St. Lucie, Fl. 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1-V Nutt, Dorothy 460 Seabreeze Lane Port St. Lucie, Fl 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Errera, Kathleen 993 NW Tuscany Dr. Port St. Lucie, Fl 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Yaconis, Mary 501 NW Goldcoast Ave. Port St. Lucie, Fl 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIC Belle Kravetz Belle Kravetz 4/21/01 (541) 335-9028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



St. Lucie Shores Woman's Club
Gracious Community Service
P. O. Box 7783 Port St Lucie FL 34985



Attachment
9/16/85
N24369

The slate of officers for the year 2001-2002 for the
St. Lucie Shores Woman's Club, Inc. is as follows:

President:

June Roman
1261 Mandavia Ave.
Port St. Lucie, Fl 34952

1st Vice President:

Dorothy Nutt
460 Seabreeze Lane
Port St. Lucie, Fl. 34983

2nd Vice President:

Jane Monahan
584 SW Aster Rd.
Port St. Lucie, Fl 34953

Recording Secretary--to be shared by 2 Members:

Bessie Nelson
443 Karney Ter.
Port St. Lucie, Fl 34983
and
Kathleen Errera
993 NW Tuscany Dr.
Port St. Lucie, Fl 34986

Corresponding Secretary:

Mary Yaconis
501 NW Goldcoast Ave.
Port St. Lucie, Fl 34983

Treasurer:

Belle Kravetz
3074 SE Bakersfield St.
Port St. Lucie, Fl 34952

Belle Kravetz
(561) 335-9028