

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25689

1. Entity Name

COLLEGE PARK WOMENS CIVIC CLUB, INC.

Principal Place of Business

714 DARTMOUTH STREET  
ORLANDO FL 32804  
US

Mailing Address

714 DARTMOUTH STREET  
ORLANDO FL 32804  
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

59-6143854

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

FRANK, JACQUELINE  
632 SHERIDAN BLVD.  
ORLANDO FL 32804

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HUMPHRIES, DOLORES  
110 HUNTERS TRAIL  
LONGWOOD FL 32779 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VP  
BADGER, ALICE  
633 LAKE DOT CIR APT 909  
ORLANDO FL 32801 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FRANK, JACQUELINE  
632 SHERIDAN BLVD.  
ORLANDO FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Badger, Alice  
633 Lake Dot Cir., Apt. 909  
Orlando, Fl., 32801 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
SALERNO, CARMINE  
553 WOODVIEW DR  
LONGWOOD FL 32779 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
Bertha Zulaus  
122 Mayfair Ct.  
Sanford, Fl., 32771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RS  
HLIPALA, MADGE  
4198 SHORECREST DR.  
ORLANDO FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RS  
Ellen Voss  
3101 Nealwood Ave.  
Orlando, Fl., 32806 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
FARRIS, MARYLN  
2411 EATON LANE  
ORLANDO FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
Julia Moss  
640 Dunraven Dr.  
Winter Park, Fl., 32792 ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

2-15-01 407/425-2130