

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90119 028 *****61.25

DOCUMENT # N27205

1. Entity Name

THE LADIES ART AND SOCIAL CLUB INC.

Principal Place of Business

**C/O ROSALYN B. GREENE
704 GAMBLE STREET
TALLAHASSEE FL 32310
US**

Mailing Address

**C/O ROSALYN B. GREENE
704 GAMBLE STREET
TALLAHASSEE FL 32310
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

59-2919655

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

**GREENE, ROSALYN
704 GAMBLE ST.
TALLAHASSEE FL 32310**

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
**DP
ANDERSON, DORA H.
222 OSCEOLA STREET
TALLAHASSEE FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WELLS, DOROTHY
808 WINDWARD LANE
TALLAHASSEE FL 32311** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROSALYN B. GREENE
704 GAMBLE STREET
TALLAHASSEE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BURNETTE, ADA P
3235 SHAMROCK EAST
TALLAHASSEE FL 32308** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JACKSON, JERRYLYNE
3113 BROOKRIDGE DR.
TALLAHASSEE FL 32310** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **Rosalyn B. Greene / Rosalyn B. Greene** 1/29/01 (850) 219-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)