

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28978

1. Entity Name

THE PASADENA WOMEN'S CLUB

Principal Place of Business

1 SUNSET DRIVE SOUTH
ST. PETERSBURG FL 33707

Mailing Address

1 SUNSET DRIVE SOUTH
ST. PETERSBURG FL 33707-1129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0746905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, MILDRED P
7985 BOGIE AVENUE NORTH
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33708

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

Margaret Dell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-2000

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

TITLE D ☐ Delete
NAME WAGNER, MRS. RIENARDS E
STREET ADDRESS 2040 DOLPHIN BLVD. S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ Delete
NAME JACKSON, MRS ROBERT S J
STREET ADDRESS 1784 85 ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE P ☐ Delete
NAME LIVINGSTONE, MRS DWIGHT H
STREET ADDRESS 1151 79TH ST SO
CITY-ST-ZIP SAINT PETERSBURG FL 33707

TITLE T ☐ Delete
NAME DELL, MRS ROBERT A
STREET ADDRESS 662 BOCA CIEGA PT BLVD SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE D ☐ Delete
NAME WHALEN, MRS WILLIAM E
STREET ADDRESS 11285 9TH ST. E
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D ☐ Delete
NAME RUPPEL, MRS CLARENCE
STREET ADDRESS 13300 INDIAN RKS RD
CITY-ST-ZIP LARGO FL 34644

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000

Date

792-0644

Daytime Phone #

CR2E037 (9/95)