

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90050 017 ****61.25

DOCUMENT # N28978

1. Entity Name

THE PASADENA WOMEN'S CLUB

Principal Place of Business

Mailing Address

1. SUNSET DRIVE, SOUTH
 ST. PETERSBURG FL 33707

1 SUNSET DRIVE, SOUTH
 ST. PETERSBURG FL 33707

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

59-0746905

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

JURGENSEN, CHARLOTTE S
7100 S SHORE DR, S
S. PASADENA FL 33907

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

TITLE ☒ Change ☐ Addition
 NAME **MRS? RODES GARBY**
 STREET ADDRESS **7000 DATE PALM AVENUE SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33707**

TITLE **S** ☐ Delete
 NAME **JACKSON, MRS ROBERT S J**
 STREET ADDRESS **1764 65 ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

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

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

TITLE **P** ☐ Delete
 NAME **JURGENSEN, CHARLOTTE S**
 STREET ADDRESS **7100 S, SHORE DR, S**
 CITY-ST-ZIP **S. PASADENA FL 33907**

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

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

TITLE ☒ Change ☐ Addition
 NAME **MRS. REGINALD IVERSON**
 STREET ADDRESS **7922 11th AVENUE SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33707**

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

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: CHARLOTTE S. JURGENSEN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02

CR2E037 (9/01)