

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32636

1. Entity Name

SUFOALL WOMEN CLUB INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90091 016 ****61.25

Principal Place of Business

Mailing Address

THELMA MONTGOMERY
912 S GOLDWYN AVE
ORLANDO FL 32805
US

PO BOX 555924
ORLANDO FL 32855-5924
US

2. Principal Place of Business

3. Mailing Address

912 S. Goldwyn Ave P.O. Box 555924
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Orlando, Fl. Orlando, Fl.
Zip Country Zip Country
32805 Orange 32855 Orange

4. FEI Number

59-3014902

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

MONTGOMERY, THELMA L
912 S. GOLDWYN AVE
ORLANDO FL 32805

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

912 S. Goldwyn Ave.
Orlando FL Zip Code
32805

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD BURTON, LAURETHA 2173 LISTON CT ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P.D Catherine R. Wade 992 St. George St. Orlando, Fl. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD MONTGOMERY, THELMA L 912 S. GOLDWYN AVE ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. Thelma L. Montgomery 912 S. Goldwyn Ave Orlando, Fl. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DM SPIKES, MARY L 4823 EDMEE CIRCLE ORLANDO FL 328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Mary Spike 4823 Edmee Circle Orlando Fl. 328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD SMITH, MURIEL 5680 PENDLETON DR ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Ethel Evans 4632 Salva Dr. Orlando, Fl.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD PEYTON, BETTYE 1315 N HIWASSEE RD ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S.D. Betty Peyton 1315 N. Hiwassee Rd. Orlando, Fla. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD WADE, CATHERINE 992 ST. GEORGE ST ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Roxie Ann Bracey 3631 Pompano Ct. Motha Fl. 34734	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thelma Montgomery
407 293 7505
4/10/2000

CR2E037 (9/99)