

2000 UNIFORM BUSINESS REPORT (UBR)

47

FILED

Jul 07, 2000 8:00 am
Secretary of State

04-22-2000 90077 033 ****61.25

DOCUMENT # N35326

1. Entity Name

UMATILLA WOMAN'S CLUB, INC.

Principal Place of Business

COMMUNITY CENTER
2 CENTER ST.
UMATILLA FL 32784

Mailing Address

P.O. BOX 1772
UMATILLA FL 32784-1772
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

59-1895424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKLEN, MARGARET
P. O. BOX 661
20020 EAST HIGHWAY 42
UMATILLA FL 32784

Name

Cline, Lynn

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

1040 Elk Court N

Winter Springs, FL 32708

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

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

(NOTE: Registered Agent signature required when reinstating)

6/28/00
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	DP	☒ Delete
NAME	STRICKLEN, MARGARET	
STREET ADDRESS	P. O. BOX 661	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VD	☒ Delete
NAME	GARDNER, EDITH	
STREET ADDRESS	17646 WILLIS V. MCCALL RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VP	☒ Delete
NAME	WARD, UNA	
STREET ADDRESS	25632 FISHERMANS RD	
CITY-ST-ZIP	UPAISLEY FL 32787	
TITLE	S	☐ Delete
NAME	SHELTON, VIRGINIA	
STREET ADDRESS	17041 PERU ROAD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	TD	☒ Delete
NAME	RAYBUCK, SARA	
STREET ADDRESS	87 LIVE OAK DR.	
CITY-ST-ZIP	EUSTIS FL 32728	
TITLE	CS	☐ Delete
NAME	EMERSON, GERALDINE	
STREET ADDRESS	P.O. BOX 1330 N/A	
CITY-ST-ZIP	UMATILLA FL	

TITLE	DP	☒ Change ☐ Addition
NAME	Cline, Lynn	
STREET ADDRESS	1040 Elk Court N	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VD	☒ Change ☐ Addition
NAME	Juanita Webb	
STREET ADDRESS	47109-Bear Claw Road	
CITY-ST-ZIP	Altosna, FL 32702	
TITLE	VP	☒ Change ☐ Addition
NAME	Crownover, Gleta	
STREET ADDRESS	450 E. Collins Street	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	S	☐ Change ☐ Addition
NAME	Shelton, Virginia	
STREET ADDRESS	17041 Peru Road	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	TD	☒ Change ☐ Addition
NAME	Mock, Mary Jane	
STREET ADDRESS	P.O. Box 569 N/A	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	CS	☐ Change ☐ Addition
NAME	Emerson, Geraldine	
STREET ADDRESS	P.O. Box 1330 N/A	
CITY-ST-ZIP	Umatilla, FL 32784	

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 #

Margaret D. Stricklen
Signature

6/28/00
Date

352-357-6114
Daytime Phone #

CR2E037 (9/99)