

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35624

1. Entity Name

THE WOMAN'S CLUB OF EUSTIS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90043 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

227 N CENTER ST  
 531 NORTH BAY ST.  
 EUSTIS FL 32726  
 US

P O BOX 572  
 531 NORTH BAY ST  
 EUSTIS FL 32726-3438  
 US

2. Principal Place of Business

3. Mailing Address

227 N. Center St  
 Suite, Apt. #, etc.

P.O. Box 572  
 Suite, Apt. #, etc.

City & State

City & State

Eustis

Eustis

Zip

Country

Zip

Country

32726

State

32727

State

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNING, JOAN  
 2713 WASHINGTON ST  
 EUSTIS FL 32726

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

*Joan B. Henning*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-00

**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 PD ☐ Delete  
 NAME DEHOOG, JEAN  
 STREET ADDRESS 27602 LAKE JEM RD  
 CITY-ST-ZIP MT DORA FL

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

TITLE VRD ☐ Delete  
 NAME DEHOOG, JEAN  
 STREET ADDRESS 27602 LAKE JEM RD  
 CITY-ST-ZIP MT DORA FL

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

TITLE VP ☐ Delete  
 NAME RAYBUCK, SARA JANE  
 STREET ADDRESS 87 LIVE OAK DR  
 CITY-ST-ZIP EUSTIS FL 32726

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

TITLE RSD ☐ Delete  
 NAME TERRIO, DEE  
 STREET ADDRESS 2 AZURE LANE  
 CITY-ST-ZIP EUSTIS FL

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

TITLE CSD ☐ Delete  
 NAME ALDINGER, LAURABELLE  
 STREET ADDRESS 1720 NORTH CT  
 CITY-ST-ZIP EUSTIS FL

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

TITLE T ☐ Delete  
 NAME HENNING, JOAN  
 STREET ADDRESS 3713 WASHINGTON ST  
 CITY-ST-ZIP EUSTIS FL 32726

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:

*Joan B. Henning*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-00

352-589-7808

CR2E037 (9/99)