

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90004 018 \*\*\*\*61.25

**DOCUMENT # N36791**

1. Entity Name

**LEMON BAY WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

CORNER COCONUT & MAPLE ST  
 ENGLEWOOD FL 34295  
 US

PO BOX 512  
 ENGLEWOOD FL 34295-0512  
 US

**80007433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6154011**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DICKERSON, ROBERT A.**  
**460 S INDIANA AVE**  
**ENGLEWOOD FL 34223**

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:**  
**FEF 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: PFEIFFER, DORIS  
 STREET ADDRESS: 728 BORGELLO ST  
 CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE: 1VPD  Delete  
 NAME: BRAUN, MARJORIE  
 STREET ADDRESS: 1020 DANS LANE  
 CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE: RSD  Delete  
 NAME: SLIMAK, VIVIAN  
 STREET ADDRESS: 901 CHAPINO BLVD  
 CITY-ST-ZIP: ENGLEWOOD FL 34222

TITLE: DT  Delete  
 NAME: GILLESPIE, MARIAN  
 STREET ADDRESS: 7308 SPINNAKER BLVD  
 CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE: 2TVP  Delete  
 NAME: DOODY, KATHLEEN  
 STREET ADDRESS: 100 N BRAODWAY  
 CITY-ST-ZIP: ENGLEWOOD FL 34222

TITLE: TFS  Delete  
 NAME: HOUSLEY, GLADYS  
 STREET ADDRESS: 1933 GOERGIA AVE  
 CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE:  Change  Addition

NAME:  Change  Addition

STREET ADDRESS:  Change  Addition

CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition

NAME:  Change  Addition

STREET ADDRESS:  Change  Addition

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:

*Marianne Gillespie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

941.475-8176

Date

Daytime Phone #