

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90373 002 ****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 34224
 US**



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: 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 Delete
 NAME **P BRAUN, MARJORIE**
 STREET ADDRESS **1020 DRUYV LANE**
 CITY-ST-ZIP **ENGLEWOOD FL 34244**

TITLE Change Addition
 NAME **P CAUSEY, EUNICE**
 STREET ADDRESS **1849 WHISPERING PINES CIRCLE**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE Delete
 NAME **1VPD CAUSEY, EUNICE**
 STREET ADDRESS **1849 WHISPORLOR PINES CIRCLE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Change Addition
 NAME **1VPD CROCKER, MARY**
 STREET ADDRESS **13 JAMESTOWN AVE.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Delete
 NAME **RSD PONGRAY, HEATHER**
 STREET ADDRESS **61 CHEROKEE ST**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **DT MCLEOD, VIRGINIA**
 STREET ADDRESS **25 PERIMETER DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Delete
 NAME **2TVP CROCKER, MARY**
 STREET ADDRESS **13 JAMESTOWN AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Change Addition
 NAME **2TVP BISCLEGLIA, BRENDA**
 STREET ADDRESS **11 JAMESTOWN AVE.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE Change Addition
 NAME **TFS CLAIRE MILLER**
 STREET ADDRESS **7324 BEARDSLEY ST**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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: VIRGINIA MCLEOD, Virginia McLeod 4/12/02 941-475-4224
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)