

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90009 047 ****61.25

DOCUMENT # N36823

1. Entity Name

BOYNTON WOMAN'S CLUB

Principal Place of Business

Mailing Address

1010 S FEDERAL HWY
 BOYNTON BEACH FL 33425
 US

P.O. BOX 1135
 BOYNTON BEACH FL 33425-1135

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

59-6134516

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

FEENEY, IRENE
 800 CANARY WALK
 GULFSTREAM FL 33483

Name **LEONE A. BUFFAN**

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

2563 S.W. 10th STREET

BOYNTON BEACH

City

FL

Zip Code

33426

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

Leone A. Buffan, President

1-20-00

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 **P** ☒ Delete
 NAME **PETER, NAOMI**
 STREET ADDRESS **1102 OCEAN AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **P. BUFFAN, LEONE A.** ☒ Change ☐ Addition
 NAME **2563 S.W. 10th ST.**
 STREET ADDRESS **BOYNTON BEACH FL. 33426**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **FAUER, ROSE M**
 STREET ADDRESS **2205 SW 20TH TERRACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE **VPD** ☐ Delete
 NAME **BUFFAN, LEE**
 STREET ADDRESS **2563 SW 10TH ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE **VPD** ☐ Delete
 NAME **CHIAVOLA, CAROLE J**
 STREET ADDRESS **1314 SW 15TH ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE **S** ☒ Delete
 NAME **WILLIAMS, GEORGIA**
 STREET ADDRESS **2385 SW 14TH AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **S. ZIMMERMAN, LILLIAN** ☒ Change ☐ Addition
 NAME **811 S.W. 18th CT.**
 STREET ADDRESS **BOYNTON BEACH FL 33426**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **COLCORD, PHYLLIS**
 STREET ADDRESS **2396 SW 13TH AVE**
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

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:

LEONATI P. BUFFAN, President

1-20-00

(561) 737-8486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)