

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 015 ****61.25

DOCUMENT # N36823

1. Entity Name

BOYNTON WOMAN'S CLUB

Principal Place of Business

1010 S FEDERAL HWY
BOYNTON BEACH FL 33425
US

Mailing Address

P.O. BOX 1135
BOYNTON BEACH FL 33425

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6134516

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

Name

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

City

FL

Zip Code

BUFFAN, LEONE A
2563 SW 10TH STREET
BOYNTON BEACH FL 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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUFFAN, LEONE A	
STREET ADDRESS	2563 SW 10TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	(D)
TITLE	T	<input type="checkbox"/> Delete
NAME	FAUER, ROSE M	
STREET ADDRESS	2205 SW 20TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUEFAN, LEE	
STREET ADDRESS	2563 SW 10TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHIAVOLA, CAROLE J	
STREET ADDRESS	1314 SW 15TH ST	(D)
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, LILLIAN	
STREET ADDRESS	811 SW 18TH CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLCORD, PHYLLIS	
STREET ADDRESS	2396 SW 13TH AVE	(D)
CITY-ST-ZIP	BOYNTON BCH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lillian Ostiguy	
STREET ADDRESS	10501 Fish Lane	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2001

CR2E037 (10/00)