

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45650

1. Entity Name

MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

PO BOX 362
MOUNT DORA FL 32756

PO BOX 362
MOUNT DORA FL 32756-0362

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

59-3091651

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

SEMENTO, LAWRENCE J.
3800 LAKE CENTER LOOP
SUITE B-4
MOUNT DORA FL 32757

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 PD ☒ Delete
NAME LARUE, DALE
STREET ADDRESS 2083 LAKESHORE DR.
CITY-ST-ZIP MT DORA FL 32757

TITLE PD ☒ Change ☐ Addition
NAME Field, Bonnie
STREET ADDRESS 4041 LAKESHORE DRIVE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE VD ☒ Delete
NAME CHARLES, MISHA
STREET ADDRESS 1820 EDGEWATER DR.
CITY-ST-ZIP MT. DORA FL 32757

TITLE VD ☒ Change ☐ Addition
NAME JANE BROWN
STREET ADDRESS 1439 HILLTOP DRIVE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE SD ☒ Delete
NAME MIDDLETON, MICHELL
STREET ADDRESS 2065 MORRIS ST.
CITY-ST-ZIP EUSTIS FL 32726

TITLE TD ☒ Change ☐ Addition
NAME TINA BROOKS
STREET ADDRESS 118 W. CHESLEY AVE.
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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: Bonnie Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00

Date

352-383-7104

Daytime Phone #

CR2E037 (9/99)