2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am § Secretary of State **DOCUMENT # N45650** 1. Entity Name MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC. 02-12-2001 90209 039 ****61.25 Principal Place of Business Mailing Address PO ROX 362 PO BOX 362 813662 MOUNT DORA FL 32756 MOUNT DORA FL 32756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3091651 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADDRESS CHANGE SEMENTO, LAWRENCE J. Street Address (P.O. Box Number is Not Acceptable) SEMENTO, LAWRENCE J. 531 N. BAY ST. 3800 LÄKE CENTER LOOP SUTE B-4 EUSTIS, FL 32726 Zip Code FL **MOUNT DORA FL 32757** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition X Delete TITLE TITLE PD NAME NAME FIELD, BONNIE Jane Brown STREET ADDRESS STREET ADDRESS 4041 LAKESHORE DR 1439 Hilltop Drive CITY-ST-7IP CITY-ST-ZIP MT DORA FL 32757 Mount Dorz, F1 32757 TX Change ☐ Addition TITLE **⊠** Delete TITLE VD. NAME NAME BROWN, JANE /Sharron Semento STREET ADDRESS STREET ADDRESS 1439 HILLTOP DRIVE 3321 Foxboro Court CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 Mount Dora, F1: 32757 Change Addition **⊠** Delete TITLE BROOKS, TINA NAME Jeanne Buckner STREET ADDRESS STREET ADDRESS 118 W CHESLEY AVE 27937 Lake Jem Rd. CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 Mount Dora, F1. 32757 ☐ Change ☐ Addition Celete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. EXEIGIREDEANNE L. BUCKNER 2/9/01