

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48782

1. Entity Name

DIXIE COUNTY WOMAN'S CLUB, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-12-2000 90006 028 ****61.25

Principal Place of Business

Mailing Address

P O BOX 898
 CROSS CITY FL 32628

P O BOX 898
 CROSS CITY FL 32628-0898

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

59-3104620

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

MILLER, MARY C.
 MADISON AVENUE → 101 Madison Ave
 BOX 838
 CROSS CITY FL 32628-0838

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANNIN, ANN	
STREET ADDRESS	COUNTY RD. 353 BOX 791	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COPELAND, MYRTICE	
STREET ADDRESS	COTTER & CHAIRS ST. BOX 490	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, MARY C	
STREET ADDRESS	MADISON AVE. BOX 838	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<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		
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:

Mary C. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/00 (353) 498-3251
 Date Daytime Phone #

CR2E037 (9/99)