

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48950

1. Entity Name

THE CHACONIA CLUB FOR TRINIDAD AND TOBAGO WOMEN,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90096 006 ****61.25

Principal Place of Business

Mailing Address

33 N.W. 45TH AVENUE
PLANTATION FL 33317

33 N.W. 45TH AVENUE
PLANTATION FL 33317-3121

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

65-0388504

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

INNOCENT, BARBARA
33 NW 45TH AVE
PLANTATION FL 33317

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	S	<input type="checkbox"/> Delete
NAME	HACKSHAW, SHELLY ANN	
STREET ADDRESS	33 NW 45 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANCIS, CHERYL	
STREET ADDRESS	8845 NW 48TH ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	XAVIER, PAT	
STREET ADDRESS	11890 HERMITAGE DR	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INNOCENT, BARBARA	
STREET ADDRESS	33 N.W. 45TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, ELMA	
STREET ADDRESS	215 LAKE POINT DR	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	PR	<input type="checkbox"/> Delete
NAME	LAIRD, GLENDA	
STREET ADDRESS	4211 NW 23RD ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	

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	
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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 #

MARINA XAVIER 5/31/00 954 4729505

CR2E037 (9/99)