

2001 UNIFORM BUSINESS REPORT (UBR)

03-22-2001 90073 042 ****61.25
N49033

DOCUMENT # N49033
1. Entity Name Westshore Midday Business and Professional Women's Club of Tampa, FLorida, Inc.

FILED

01 MAY 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Centre Club
Mailing Address
P.O. Box 20003
Tampa, FL 33622

2. Principal Place of Business
The Urban Centre
Suite, Apt. #, etc. 123 South Westshore Blvd.
City & State
Tampa, FL
3. Mailing Address
P.O. Box 20003
Suite, Apt. #, etc.
City & State
Tampa, FL

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33609 Country
USA
City & State
Tampa, FL
Zip
33622 Country
USA

4. FEI Number
59-3308883
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Deborah P. Fong TD
P.O. Box 20003
Tampa, FL 33622
9338 Pontiac Drive

7. Name and Address of New Registered Agent
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 Deborah P. Fong DATE 2/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Lysa Riggs</u> ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Shirley Brown</u> ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Jackie Barry</u> ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Lydia Nicosia</u> ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Shirley Brown</u> ☒ Change ☐ Addition <u>P.O. Box 20003</u> ☒ Delete <u>Tampa, FL 33622</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Susan Larsen</u> ☐ Change ☒ Addition <u>1021 Woodcrest Ave.</u> <u>Safety Harbor, FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Deborah P. Fong</u> ☐ Change ☒ Addition <u>9338 Pontiac Drive</u> <u>Tampa, FL 33622</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Celia Drawdy</u> ☐ Change ☒ Addition <u>8712 Cove Ct.</u> <u>P.O. Box 20003</u> <u>Tampa, FL 33622</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dee Richardson</u> ☐ Change ☒ Addition <u>P.O. Box 20003</u> <u>1338 Winding Oak Ct.</u> <u>Tampa, FL 33622</u>

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: Deborah P. Fong DATE 2/21/01 813-881-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)

3/23