

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50089

1. Entity Name

THE POMPANO BEACH WOMAN'S CLUB, INC.

Principal Place of Business

314 NE 2 ST
POMPANO BEACH FL 33060

Mailing Address

314 NE 2 ST
POMPANO BEACH FL 33060-6624

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUER, ARIEH
1170 N FEDERAL HWY
FT LAUDERDALE FL 33304

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

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
NAME FAULKNER, GLORIA J.
STREET ADDRESS 1541 SOUTH OCEAN BLVD. #215
CITY-ST-ZIP POMPANO FL

TITLE VPD
NAME FIELDS, JAN
STREET ADDRESS 2744 NE 30 AVE.
CITY-ST-ZIP LIGHTHOUSE PT FL 33064

TITLE SD
NAME BROOKS, EMILY
STREET ADDRESS 651 SW 63TH ST. C.T. 1606
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Maryann Toms
STREET ADDRESS 1510 S.W. 4 Ave.
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE First Vice President
NAME Gloria Faulkner
STREET ADDRESS 1541 South Ocean Blvd. #215
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE Rec. Sec.
NAME Emily Brooks
STREET ADDRESS 651 SW 63TH ST #1606
CITY-ST-ZIP Pompano Beach FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 REQUIRED
Maryann Toms, President

1-17-00 (954) 782-7148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25017 (9/99)