

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90031 038 ****61.25

DOCUMENT # N50089

1. Entity Name

THE POMPANO BEACH WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**314 NE 2 ST
 POMPANO BEACH FL 33060**

**314 NE 2 ST
 POMPANO BEACH FL 33060-6624**

904913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOUER, ARIEH
 1170 N FEDERAL HWY
 FT LAUDERDALE FL 33304**

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

TITLE **President** Change Addition
 NAME **Maryann Toms**
 STREET ADDRESS **1510 S.W. 4 Ave.**
 CITY-ST-ZIP **Pomp Bch, FL 33060**

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

TITLE **First Vice President** Change Addition
 NAME **Gloria Faulkner**
 STREET ADDRESS **1541 South Ocean Blvd. #215**
 CITY-ST-ZIP **Pomp Bch, FL 33062**

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

TITLE **Rec. Sec.** Change Addition
 NAME **Emily Brooks**
 STREET ADDRESS **651 SW 63rd St #1606**
 CITY-ST-ZIP **Pompano Beach FL 33060**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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: *Maryann Toms, President*

1-17-00 (954) 782-7148