

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90060 006 ****61.25

DOCUMENT # N50493

1. Entity Name

BONITA SPRINGS WOMAN'S CLUB, INC.

Principal Place of Business

10540 CHILDERS AVE.
 BONITA SPRINGS FL 34133
 US

Mailing Address

POST OFFICE BOX 443
 BONITA SPRINGS FL 34133
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6134517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~RICHARDSON, RALPH A.~~
~~27725 OLD 41 RD.~~
~~SUITE 104~~
~~BONITA SPRINGS FL 33923~~

7. Name and Address of New Registered Agent

Name
Carol R. Brügger

Street Address (P.O. Box Number is Not Acceptable)
3525 Bonita Beach Road

Suite 103

City
Bonita Springs,

FL

Zip Code
34134

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

Carol R. Brügger

3-7-02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
NORTH, MARJORIE
26930 WEDGEWOOD DR
BONITA SPRINGS FL 34135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
TOOLE, ELAINE
9460 VILLAGE VIEW BLVD
BONITA SPRINGS FL 34135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
MAZZUCCO, BLANCHE
27081 HARBOR DRIVE
BONITA SPRINGS FL 34135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
BOLES, GLADYS
27670 SUFFRIDGE DR
BONITA SPRINGS FL 34135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
HUMPHREY, BURNADEAN
27041 LAVINKA ST
BONITA SPRINGS FL 34135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

ELAINE S TOOLE

3/7/02

(941) 948-8452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)