

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90072 027 \*\*\*\*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**

**90051173**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6134517**

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

**BRUGGER, CAROL R  
3525 BONITA BEACH RD.  
SUITE 103  
BONITA SPRINGS FL 34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol R. Brugger*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-10-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	NORTH, MARJORIE	
STREET ADDRESS	26930 WEDGEWOOD DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOOLE, ELAINE	
STREET ADDRESS	9460 VILLAGE VIEW BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAZZUCCO, BLANCHE	
STREET ADDRESS	27081 HARBOR DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLES, GLADYS	
STREET ADDRESS	27670 SUFFRIDGE DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, BURNADEAN	
STREET ADDRESS	27041 LAVINKA ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	North, Marjorie	
STREET ADDRESS	26930 Wedgewood Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toole, Elaine	
STREET ADDRESS	9460 Village View Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malloch, Barbara	
STREET ADDRESS	26351 Peer Lane	
CITY-ST-ZIP	Bonita Springs, FL 34135	
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: *Blanche Mazzucco*

**3-13-03 (239) 992-0332**

CF2E037 (10/02)