

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 23, 2001 8:00 am  
Secretary of State

01-29-2001 90083 019 \*\*\*\*61.25

DOCUMENT # N92000000739

1. Entity Name

THE WOMAN'S CLUB OF DELAND, FLORIDA, INC.

Principal Place of Business

128 W MICHIGAN AVENUE  
DELAND FL 32720

Mailing Address

PO BOX 347  
DELAND FL 32721-0347

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, BETTY  
916 E. GEORGIA AVE  
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Lee Barlow

Street Address (P.O. Box Number is Not Acceptable)

939 Larkfield Drive

City

DeLand

FL

Zip Code

32724

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

The Woman's Club of Deland, Florida, Inc.

01/09/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	HAYES, BETTY	
STREET ADDRESS	916 E. GEORGIA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, DOLORES	
STREET ADDRESS	5672 WINONA TRAIL	
CITY-ST-ZIP	DELEON SPRINGS FL-32130	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ALBERTA	
STREET ADDRESS	1533 CHAUCER ST	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	MEDLIN, GERRY	
STREET ADDRESS	600 N McDONALD AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AXTELL, NADINE	
STREET ADDRESS	600 N BOUNDARY AVE APT#110A	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barlow, Lee	
STREET ADDRESS	939 Larkfield Drive	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE	DHurrelbrink, Dona Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1119 Old Mill Run	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Barlow, President  
01/09/01

904-738-4373

Daytime Phone #

that is her signature

CR2E037 (10/00)