

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000851

1. Entity Name

WABASSO WOMAN'S CLUB, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90030 003 \*\*\*\*61.25

Principal Place of Business

4766 83RD ST  
WABASSO FL 32970  
US

Mailing Address

P O BOX 272  
WABASSO FL 32970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6137408

Applied For

Not Applicable

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

HALL, NANCY  
9505 FRANGIPANE DR  
VERO BEACH FL 32960

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  
NAME CHACE, BARBARA ☒ Delete  
STREET ADDRESS 8850 US HWY #1  
CITY-ST-ZIP WABASSO FL

TITLE PD  
NAME Edith. Rice ☒ Change ☐ Addition  
STREET ADDRESS 3340 25<sup>th</sup> ST. S.W.  
CITY-ST-ZIP Vero Beach, FL. 32968-7704

TITLE SD  
NAME HALL, NANCY ☐ Delete  
STREET ADDRESS 9505 FRANGIOANE DRIVE  
CITY-ST-ZIP VERO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME STIVERSON, JOY ☒ Delete  
STREET ADDRESS 2105 18TH ST  
CITY-ST-ZIP VERO BEACH FL

TITLE VD  
NAME Marilyn Reeves ☒ Change ☐ Addition  
STREET ADDRESS 8265 125<sup>th</sup> Place  
CITY-ST-ZIP Sebastian, FL. 32958

TITLE TD  
NAME GUNDERSON, BERNICE ☐ Delete  
STREET ADDRESS 4741 83RD ST  
CITY-ST-ZIP WABASSO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Bernice M Gunderson, J.D.* 1/05/01 561-589-1505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)