

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000851

1. Entity Name

WABASSO WOMAN'S CLUB, INC.

FILED

Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90038 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4766 83RD ST  
WABASSO FL 32970  
US

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

4. FEI Number

59-6137408

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

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 RICE, EDITH  
STREET ADDRESS 3340 25TH ST SW  
CITY-ST-ZIP VERO BEACH FL 32968-7704 ☐ Delete

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

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

TITLE SD  
NAME LILLIAN REINER  
STREET ADDRESS 9465 FRANGIPANE DRIVE  
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Change ☐ Addition

TITLE VD  
NAME REEVES, MARILYN  
STREET ADDRESS 8265 125TH PLACE  
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

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

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

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02  
Date

772-589-1505  
Daytime Phone #

CR2E037 (9/01)