

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90236 006 ****61.25

DOCUMENT # N93000001348

1. Entity Name

HOBE SOUND WOMEN'S CLUB, INC.

Principal Place of Business

**8044 SE CARLTON
 HOBE SOUND FL
 US**

Mailing Address

**P O BOX 8042
 HOBE SOUND FL 33475
 US**

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

65-0353439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOWNER, JOANNE
 8044 SE CARLTON
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name

MARY JOHNSEN

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

9291 SE Duncan St.

City

Hobe Sound

FL

Zip Code

33455

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

7-4-01

**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 **T** ☐ Delete
 NAME **PD**
 STREET ADDRESS **JOHNSEN, MARY**
 CITY-ST-ZIP **9291 SE DUNCAN
 HOBE SOUND FL 33455**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **GEMBERLING, JERILYN**
 CITY-ST-ZIP **6311 SE AMOS WAY
 HOBE SOUND FL 33455**

TITLE ☒ ☐ Delete
 NAME **SD**
 STREET ADDRESS **EVANS, BETTE**
 CITY-ST-ZIP **8571 SE. SOUNDINGS PL.
 HOBE SOUND FL 33455**

TITLE ☒ ☐ Delete
 NAME **SD**
 STREET ADDRESS **GRAHAM, MARY**
 CITY-ST-ZIP **9015 SE HOBE RIDGE AVE
 HOBE SOUND FL 33455**

TITLE **P** ☐ Delete
 NAME **PD**
 STREET ADDRESS **MILLER, LEE**
 CITY-ST-ZIP **9015 SE HOBE RIDGE AVE.
 HOBE SOUND FL 33455**

TITLE ☒ ☐ Delete
 NAME **TD**
 STREET ADDRESS **TOWNER, JOANNE**
 CITY-ST-ZIP **8044 SE CARLTON
 HOBE SOUND FL 33455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☒ Addition
 NAME **Katrina Houser**
 STREET ADDRESS **8338 SE Coconut Street**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

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

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

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

TITLE **S** ☒ Change ☒ Addition
 NAME **Linda Werner**
 STREET ADDRESS **8936 Bahama Circle**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

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:

MARY JOHNSEN

**Mary J
 Johnson**

7-4-01

**561
 546-1926**

CR2E037 (10/00)

Attachment
A078315

Doc. # N9300000 1348

Form was
misplaced.

Please forgive
the delay
Thank you