

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90030 025 \*\*\*\*61.25

**DOCUMENT # N94000001425**

1. Entity Name

**EUSTIS BUSINESS AND PROFESSIONAL WOMEN'S CLUB, I**

Principal Place of Business      Mailing Address  
P.O. BOX 1802      P.O. BOX 1802  
EUSTIS FL 32727-1802      EUSTIS FL 32727-1802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-6139548</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CARASIMS, MARIE P</b> <b>16814 LAKEVIEW AVE</b> <b>BUENA VISTA FL 32884</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OSBORNE-PONSI, HELENA			NAME	Osborne-Ponsi, Helena		
STREET ADDRESS	13035 LAKE PINE RD			STREET ADDRESS	13035 Lake Pine Rd		
CITY-ST-ZIP	LEESBURG FL 34788			CITY-ST-ZIP	Leesburg, FL 34788		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RESNICK, ANNE			NAME	Resnick, Anne		
STREET ADDRESS	31739 TROPICAL SHORE DR			STREET ADDRESS	31739 Tropical Shore Dr.		
CITY-ST-ZIP	TAVARES FL 32778			CITY-ST-ZIP	Tavares, FL 32778		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOCK, KATHLEEN			NAME	BOCK, Kathleen		
STREET ADDRESS	3141 INDIAN TRAIL			STREET ADDRESS	3141 Indian Trail		
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP	Eustis, FL 32726		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEMPLIN, JO F			NAME	Richardson, Carolyn S.		
STREET ADDRESS	PO BOX 338			STREET ADDRESS	103 Ridgecrest Dr.		
CITY-ST-ZIP	EUSTIS FL 32727			CITY-ST-ZIP	Eustis, FL 32726		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIPILLA, CLEME L			NAME	Dipilla, Cleme L.		
STREET ADDRESS	19451 SPRING OAK DR			STREET ADDRESS	19451 Spring Oak Dr.		
CITY-ST-ZIP	EUSTIS FL 32736			CITY-ST-ZIP	Eustis, FL 32736		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BREWER, SUE			NAME	Mary Ziegegeist		
STREET ADDRESS	3805 OHIO AVE			STREET ADDRESS	3151 Indian Trail		
CITY-ST-ZIP	MT DORA FL			CITY-ST-ZIP	Eustis, FL 32726		

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: Cleme L. Dipilla **SIGNATURE REQUIRED** 4 24 00 352 357 9188  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)