

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-23-2002 90408 024 ****61.25

DOCUMENT # N94000001425

1. Entity Name

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

Principal Place of Business

Mailing Address

P.O. BOX 1802
EUSTIS FL 32727-1802

P.O. BOX 1802
EUSTIS FL 32727-1802

92111

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

59-6139548

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

CARASIMS, MARIE P
16814 LAKEVIEW AVE
UMATILLA FL 32884

Name **Sue Brewer**

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

3805 Ohio Av

City **Mount Dora**

FL

Zip Code

32757

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

Sue Brewer

6-3-02

(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 **P** ☒ Delete
NAME **RICHARDSON, CAROLYN**
STREET ADDRESS **100 RIDGECREST DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **P** ☐ Change ☒ Addition
NAME **Richardson, Carolyn**
STREET ADDRESS **100 Ridgecrest Dr.** Eustis FL 32726

TITLE **VP** ☒ Delete
NAME **BOCK, KATHLEEN**
STREET ADDRESS **3141 INDIAN TRAIL**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VP** ☐ Change ☒ Addition
NAME **Pierce, Dee**
STREET ADDRESS **P O Box 238,** Okahumpka FL 34762

TITLE **VPD** ☒ Delete
NAME **PIERCE, DEE**
STREET ADDRESS **PO BOX 238**
CITY-ST-ZIP **OKAHUMPKA FL 34762**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Peters, Karen**
STREET ADDRESS **P O Box 1821,** Eustis FL 32727 1821

TITLE **TD** ☒ Delete
NAME **DIPILLA, CLEME**
STREET ADDRESS **19451 SPRING OAK DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **TD** ☐ Change ☒ Addition
NAME **Brewer, Sue**
STREET ADDRESS **3805 Ohio Ave., Mt. Dora** FL 32757

TITLE **S** ☒ Delete
NAME **MILAZZO, BARBARA**
STREET ADDRESS **3004 TAVARES RIDGE BL**
CITY-ST-ZIP **TAVARES FL 32773**

TITLE **S** ☐ Change ☒ Addition
NAME **Hauser, Cheryl**
STREET ADDRESS **11427 Lakeview Dr.,** Leesburg, FL 34788

TITLE **D** ☒ Delete
NAME **TERRY, ELIZA**
STREET ADDRESS **204 E GOTTSCHIE AVE**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **D** ☐ Change ☒ Addition
NAME **Terry, Eliza**
STREET ADDRESS **2705 Gable Ave.,** 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)(f), 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:

Carolyn Richardson

Date

Daytime Phone #

NEW OFFICERS TERMS START 5-1-02

CR2007 (9/01)