

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90656 050 ****61.25

DOCUMENT # N95000004847

1. Entity Name

WOMEN'S CLUB OF BANYAN SPRINGS, INC.



Principal Place of Business

**10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437**

Mailing Address

**10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**RIFKIN, BERNICE
10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **MITZIE, TURKFELD**
STREET ADDRESS **5040 ROSEHILL DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☐ Delete

TITLE **D**
NAME **SUSSMAN, WILMA**
STREET ADDRESS **5016 ROSEHILL DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☒ Delete

TITLE **T**
NAME **TYE, LILA**
STREET ADDRESS **5051 PINE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☒ Delete

TITLE **S**
NAME **DION, EVELYN**
STREET ADDRESS **5051 ROSEHILL DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☐ Delete

TITLE **D**
NAME **DALVINE, EDITH (LAVINE)**
STREET ADDRESS **10039 53RD WAY S**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☐ Delete

TITLE **P**
NAME **MIVUEL, NAOMI MINDEL**
STREET ADDRESS **10174 MANGROVE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TREASURER**
NAME **SUSSMAN WILMA**
STREET ADDRESS **5016 ROSEHILL DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☒ Change ☐ Addition

TITLE **DIRECTOR**
NAME **NORMAN MOLLY**
STREET ADDRESS **10143 MANGROVE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

CR2E037 (10/02)