

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004479

1. Entity Name

HIGHS SPRINGS NEW CENTURY WOMAN'S CLUB, INC.

Principal Place of Business

40 NW 1ST AVE.
HIGH SPRINGS FL 32643

Mailing Address

MARY HALEY
ROUTE 1 BOX 3840
FT. WHITE FL 32038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2401019

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

HALEY, MARY
ROUTE 1 BOX 3840
FT. WHITE FL 32038

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 ☐ Delete
NAME HARLAN, RUTH
STREET ADDRESS 18509 NW 272ND TERRACE
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE VD ☒ Delete
NAME BUSBY, LINDA
STREET ADDRESS 4318 N.W. 76 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS MARION DOLAN
CITY-ST-ZIP 18404 NW 272 TERRACE
HIGH SPRINGS FL 32643

TITLE VD ☐ Delete
NAME MILLER, BARBARA
STREET ADDRESS 920 N.W. 6 AVENUE
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE SD ☐ Delete
NAME PAYNE, BARBARA
STREET ADDRESS 24202 N.W. 142 AVENUE
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE SD ☐ Delete
NAME TURNER, LINDA C
STREET ADDRESS 220 SW FIRST STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE TD ☐ Delete
NAME HALEY, MARY H.
STREET ADDRESS ROUTE 1, BOX 3840
CITY-ST-ZIP FORT WHITE FL

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

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 H. Haley MARY H. HALEY, TREASURER/DIR. 4-14-01 904-454-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE