

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90181 045 ****61.25

DOCUMENT # N96000006101

1. Entity Name

TOP OF THE BAY WOMEN'S CLUB, INC.

Principal Place of Business

Mailing Address

**2321 SPICEWOOD CT.
DUNEDIN FL 34698**

**P.O. BOX 673
OLDSMAR FL 34677
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3382102

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

**KRUEGER, ANGELA
2321 SPICEWOOD CT.
DUNEDIN FL 34698**

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 **TD** ☐ Delete
NAME **SUTHERLAND, SALLY**
STREET ADDRESS **10847 VENICE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **PD** ☐ Delete
NAME **MAIER, BONNIE**
STREET ADDRESS **12530 BRONCO DR.**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE **VPD** ☐ Delete
NAME **KRUEGER, ANGELA**
STREET ADDRESS **2321 SPICEWOOD CT.**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **SD** ☒ Delete
NAME **LEATHERS, LESLIE**
STREET ADDRESS **12701 CORRAL RD.**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE **NINA White** ☐ Delete
NAME **10802 Buckskin Pl**
STREET ADDRESS **Tampa, FL 33626**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **NINA White**
STREET ADDRESS **10802 Buckskin Place**
CITY-ST-ZIP **Tampa, FL 33626** **Secretary**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sally Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
Date

813-299-3302
Daytime Phone #

CR2E037 (9/01)