

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90230 028 \*\*\*\*61.25

**DOCUMENT # N96000006101**

1. Entity Name

**TOP OF THE BAY WOMEN'S CLUB, INC.**



Principal Place of Business

**2321 SPICEWOOD CT.  
DUNEDIN FL 34698**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**12310 TWIN BRANCH ACRES RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA, FL**

4. FEI Number **59-3382102**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33626**

**HILLSBOROUGH**

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

SIGNATURE

*Angela Krueger*

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

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 **S** ☐ Delete  
NAME **WHITE, NINA**  
STREET ADDRESS **10802 BUCKSKIN PLACE**  
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

**2/6/03**

**(727) 793-9777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)