

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0025065

DOCUMENT # N97000000499

1. Entity Name

EXECUTIVE WOMEN'S GOLF ASSOCIATION ORLANDO CHAPT

03-29-2001 90375 033 ****61.25

Principal Place of Business

Mailing Address

**1408 WESTDALE AVE
 WINTER PARK FL 32792**

**C/O SHARON NEACE
 1408 WESTDALE AVE
 WINTER PARK FL 32792**

000010

2. Principal Place of Business

3. Mailing Address

6217 WESTGATE DR.

6217 WESTGATE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. #802

Apt. #802

City & State

City & State

ORLANDO, FL.

ORLANDO, FL.

Zip
32835

Country
USA

Zip
32835

Country
USA

4. FEI Number

59-3346584

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

**NEACE, SHARON
 1408 WESTDALE AVE
 WINTER PARK FL 32792**

Name **TRACEY S. BOGNER**

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

6217 WESTGATE DR. Apt. #802

City **ORLANDO**

FL

Zip Code
32835

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

Tracey S. Bogner

PRESIDENT

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 NAME STREET ADDRESS CITY-ST-ZIP	DP NEACE, SHARON 1408 WESTDALE AVE WINTERPARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGNER, TRACEY 190 LONDON DR KISSIMMEE FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, PAT 2223 LEU RD ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAME, NANCY 208 SPRINGRUN CIRCLE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOGNER, TRACEY 6217 WESTGATE DR. #802 ORLANDO, FL. 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOYCE SANDERS 3397 GRAY FOX COVE APOKA, FL. 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAME, NANCY 1071 RED MAPLE WAY NEW SMYRNA BEACH, FL. 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tracey S. Bogner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

386-469-5468

Date

Daytime Phone #

CR2E037 (10/00)