

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006743

1. Entity Name

WOODFIELD WOMENS CLUB, INC.

Principal Place of Business

Mailing Address

3837 N.W. 56TH ROAD  
BOCA RATON FL 33496

3837 N.W. 56TH ROAD  
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0985647

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

SCHANMAN, SUSAN  
3837 N.W. 56TH ROAD  
BOCA RATON FL 33496

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

*Susan T. Schanman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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	DVM	<input type="checkbox"/> Delete
NAME	SCHANMAN, SUSAN	
STREET ADDRESS	3837 N.W. 56TH ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VSP	<input type="checkbox"/> Delete
NAME	SONDAK, ANDI	
STREET ADDRESS	4266 NW 62ND RD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEWIS, GAIL	
STREET ADDRESS	4120 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHUSTEK, IRENE	
STREET ADDRESS	4162 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	MV	<input type="checkbox"/> Delete
NAME	ZELENKOFKSKE, SUNNIE	
STREET ADDRESS	6514 NW 39 TERR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAIDEL, LOIS	
STREET ADDRESS	6529 NW 38CT	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Susan T. Schanman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

(51)  
9979400



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)