

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002980

1. Entity Name

THE WOMEN'S CLUB OF LOST LAKE, INC.

Principal Place of Business

8177 S.E. DOUBLETREE
HOBE SOUND FL 33455

Mailing Address

8177 S.E. DOUBLETREE
HOBE SOUND FL 33455-8242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFI Number

65-0839058

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROCIONE, CONSTANCE
8177 S.E. DOUBLETREE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MOORE, JANE
STREET ADDRESS 8105 S.E. PAUROTIS LANE
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE DS
NAME FROCIONE, CONSTANCE
STREET ADDRESS 8177 SE DOUBLE TREE
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE DT
NAME SCHLAUGH, FRIEDA
STREET ADDRESS 7949 SE DOUBLETREE
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FROCIONE, Constance
STREET ADDRESS 8177 S.E. Doubletree
CITY-ST-ZIP Hobe Sound, FL 33455 ☒ Change ☒ Addition

TITLE DS
NAME McCole, Carol
STREET ADDRESS 8352 S.E. Paurotis
CITY-ST-ZIP Hobe Sound, FL 33455 ☒ Change ☒ Addition

TITLE DT
NAME BORSON, Loretta
STREET ADDRESS 8064 S.E. Paurotis
CITY-ST-ZIP Hobe Sound, FL 33455 ☒ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Constance Frocione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 561-287-8174
Date Daytime Phone #

CR2E037 (9/99)