

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90458 027 ****61.25

DOCUMENT # N98000005678

1. Entity Name

WOMEN'S CLUB OF HUNTER'S GREEN, INC.



Principal Place of Business

**9326 HAMPSHIRE PK DR
TAMPA FL 33647**

Mailing Address

**9326 HAMPSHIRE PK DR
TAMPA FL 33647**

00000048



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3533257**

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

**TODD, FREDA R
9326 HAMPSHIRE PARK DRIVE
TAMPA FL 33647**

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

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 **D** ☐ Delete
NAME **TODD, FREDA R**
STREET ADDRESS **9326 HAMPSHIRE PARK DR**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **S** ☐ Delete
NAME **FULLEN, MARGIE**
STREET ADDRESS **9106 HIGHLAND RIDGE WAY**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **TD** ☐ Delete
NAME **COOPER, JUDITH**
STREET ADDRESS **8904 COOPER RIDGE LANE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition
NAME **DOOP, JUDITH**
STREET ADDRESS **8904 COPPER RIDGE LANE**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **LEHNER, JANE**
STREET ADDRESS **8787 ASHWORTH DR**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VPT** ☐ Delete
NAME **BRONNER, FLORENCE**
STREET ADDRESS **9144 HIGHLAND RIDGE WAY**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VPT** ☐ Delete
NAME **MCDANIEL, PAM**
STREET ADDRESS **17815 GREY BROOKE DR**
CITY-ST-ZIP **TAMPA FL 33647**

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]* **NOTICE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03 (813) 991-0094

CR2E037 (10/02)