

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002108

1. Entity Name

JR. ELITE WOMEN'S CLUB OF PLANT CITY, INC.

Principal Place of Business

1902 BOND STREET  
PLANT CITY FL 33566

Mailing Address

1902 BOND STREET  
PLANT CITY FL 33566-6212

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3568357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOODY, SHARON  
1902 BOND STREET  
PLANT CITY FL 33566

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 President / D  
NAME Sharon L. Moody  
STREET ADDRESS 1902 Bond St  
CITY-ST-ZIP Plant City, FL 33566 ☐ Delete

TITLE Vice President / D  
NAME Carolyn Broome  
STREET ADDRESS 6026 Lake Ruth Dr. W  
CITY-ST-ZIP Dundee, FL 33838 ☐ Delete

TITLE Treasurer / D  
NAME Essie Jenkins  
STREET ADDRESS 1702 E. Ohio St.  
CITY-ST-ZIP Plant City, FL 33566 ☐ Delete

TITLE Secretary / D  
NAME Rosa Phillips  
STREET ADDRESS 9055 Empire St.  
CITY-ST-ZIP Plant City, FL 33566 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

Sharon L. Moody  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-284-3020

CR2E037 (9/99)