

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90018 009 ****61.25

DOCUMENT # N27205

1. Entity Name

THE LADIES ART AND SOCIAL CLUB INC.

Principal Place of Business

Mailing Address

C/O ROSALYN B. GREENE
 704 GAMBLE STREET
 TALLAHASSEE FL 32310
 US

C/O ROSALYN B. GREENE
 704 GAMBLE STREET
 TALLAHASSEE FL 32310-4826
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2919655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, ROSALYN
704 GAMBLE ST.
TALLAHASSEE FL 32310

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
ANDERSON, DORA H.
 STREET ADDRESS **222 OSCEOLA STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition

TITLE Delete
 NAME **SD**
WELLS, DOROTHY
 STREET ADDRESS **808 WINDWARD LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition

TITLE Delete
 NAME **T**
ROSALYN B. GREENE
 STREET ADDRESS **704 GAMBLE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition

TITLE Delete
 NAME **PD**
BURNETTE, ADA P
 STREET ADDRESS **3235 SHAMROCK EAST**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition

TITLE Delete
 NAME **VP**
JACKSON, JERRLYNE
 STREET ADDRESS **3113 BROOKRIDGE DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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)(f), 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: *Rosalyn B. Greene*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2000 (850) 219-0485
 Date Daytime Phone #

CR2E037 (9/99)