

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707191

1. Entity Name

GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90082 025 ****61.25

Principal Place of Business
415 WOODMONT AVE
P.O. BOX 16206
TEMPLE TERRACE FL 33687
US

Mailing Address
415 WOODMONT AVE
PO BOX 16206
TEMPLE TERRACE FL 33687-6206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1055074

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

FITZPATRICK, JULIE D
10207 N. HYALEAH ROAD
TAMPA FL 33617

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

Julie D. Fitzpatrick, Treasurer

4.6.00

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	SD	☒ Delete
NAME	ENDRIS, LESLIE	
STREET ADDRESS	6713 WHITEWAY DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	PD	☐ Delete
NAME	LAUTERIA, TINA	
STREET ADDRESS	6617 WHITEWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	☒ Delete
NAME	BATT, LISA	
STREET ADDRESS	207 FOREST PARK AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	☒ Delete
NAME	SANCHEZ, ARA	
STREET ADDRESS	305 FOREST PARK	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	TD	☐ Delete
NAME	FITZPATRICK, JULIE D	
STREET ADDRESS	10207 N. HGAEAH RD.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	☐ Change ☒ Addition
NAME	Hancock, Kelly	
STREET ADDRESS	11805 Raintree Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	Morris, Ruth	
STREET ADDRESS	5618 Oakland Dr.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	VD	☐ Change ☒ Addition
NAME	Palmer, Charla	
STREET ADDRESS	411 Deer Park Ave.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	Baker, Debbie	
STREET ADDRESS	7809 E. 113th Ave	
CITY-ST-ZIP	Temple Terrace, FL 33617	

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:

Julie D. Fitzpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.00

Date

813.386.3473

Daytime Phone #

CR2E037 (9/99)