

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90171 033 \*\*\*\*61.25

**DOCUMENT # 733072**

1. Entity Name

**GFWC WOMAN'S CLUB OF CLEARWATER, INC.**

Principal Place of Business

Mailing Address

C/O SHERRILL ROBERSON  
 1631 DALE CIR. SO.  
 DUNEDIN FL 34698  
 US

C/O SHERRILL ROBERSON  
 1631 DALE CIR. SO.  
 DUNEDIN FL 34698-4732  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1637435**

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

7. Name and Address of New Registered Agent

**ROBERSON, SHERRILL**  
**1631 DALE CIRCLE SOUTH**  
**DUNEDIN FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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 **P**  Delete  
 NAME **SMITH, SYLVIA**  
 STREET ADDRESS **2725 BURNING TREE LANE**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **President**  Change  Addition  
 NAME **Bergeron, Mary**  
 STREET ADDRESS **1321 edmonton DR.**  
 CITY-ST-ZIP **Clearwater FL 33761**

TITLE **VP**  Delete  
 NAME **BERGERON, MARY**  
 STREET ADDRESS **1321 EDMONTON DR.**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP**  Change  Addition  
 NAME **Crystal Stutz**  
 STREET ADDRESS **1512 Seagull Dr. #205**  
 CITY-ST-ZIP **Palm Harbor FL 34685**

TITLE **SP**  Delete  
 NAME **GILLIS, LURA**  
 STREET ADDRESS **2380 WORLD PARKWAY BLVD #16**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **SAME**

TITLE **D**  Delete  
 NAME **WURMLE, MARY**  
 STREET ADDRESS **2171 PINE RIDGE DR**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **SAME**

TITLE **T**  Delete  
 NAME **ROBERSON, SHERRILL**  
 STREET ADDRESS **1631 DALE CIR. SO.**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **SAME**  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **SAME**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Sherrill E. Roberson* **SHERRILL E. ROBERSON** **4/9/00** **727-734-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)