

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)