

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004200

1. Entity Name

THE GFWC PONTE VEDRA WOMAN'S CLUB, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90071 018 \*\*\*\*61.25

Principal Place of Business

19 LA VISTA DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

BOX 957  
PONTE VEDRA BEACH FL 32004-0957

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 **59-2338225**

Applied For  
Not Applicable

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

O'GARA, ELIZABETH T  
19 LA VISTA DRIVE  
PONTE VEDRA BEACH FL 32082

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 PD  
NAME MONEYPENNY, FAITH  
STREET ADDRESS 5206 PHEASANT RUN COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE VPD  
NAME HAYWARD, NATALIE  
STREET ADDRESS 118 BAY HILL COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE SD  
NAME BARNCastle, MINERVA  
STREET ADDRESS 121 GLEN COVE PLACE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE S  
NAME SHEPARD, ALICE  
STREET ADDRESS P.O. Box 1516 (67 PLAYERS CLUB VILLA)  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ Addition

TITLE TD  
NAME O'GARA, ELIZABETH T  
STREET ADDRESS 19 LA VISTA DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00  
Date

(904) 285-0501  
Daytime Phone #

CR2E037 (9/99)