## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am Secretary of State **DOCUMENT # 723177** 1. Entity Name GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC. 03-18-2002 90055 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 480 PONCE DE LEON BLVD PO BOX 6074 CLEARWATER FL 34618 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address LEON BLUD 400 PONCE DE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7241338 Not Applicable Zip \$8.75 Additional Country Country 3758-6074 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 200 Street Address (P.O. Box Number is Not Acceptable) ADDRES YATES, TRUDY J 3022 HIDDEN HILLS DR SWALLOW PALM HARBOR FL 34683 NEW PORT RICHEY 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01)2VPD ☐ Delete ☐ Change ☐ Addition TITLE . TITLE NAME. EASTON, MARY NAME CR2E037 STREET ADDRESS 2304 MINNEOLA RD STREET ADDRESS CITY-ST-ZIE **CLEARWATER FL 33764** CITY-ST-ZIP TITLE ☐ Delete TITLE jensen, Georgia NAME NAME 2405 FRANCISCAN DR #49 STREET ADDRESS 1641 SANTA BARBARA DR STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP CLE ARWATER Change - Addition TITLE - □ Delete TITLE HENNING, PATRICIA NAME NAME **400 PONCE DE LEON BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete TITLE Change ☐ Addition TITLE NAME yates. Trudy NAME 5244 SWALLOW 3022 HIDDEN HILLS DRIVE DR. STREET ADDRESS STREET ADDRESS FL NEW PORT RICHEY CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 3VPD 3VPD Change ☐ Addition Delete TITLE WILCOX, HELEN JAME POSTON NAME NAME DOG WOOD DR 927 TALLOWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP LARGO FL 33770 FL TD ☐ Addition TITLE ☐ Delete ☐ Change TITLE MEIER, SUE NAME NAME STREET ADDRESS 3266 SAN BERNADINO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** I hereby certify that the information supplied with this filling 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.

in July Sue

SIGNATURE:

MEIER

**FILED** 

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