

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90107 031 \*\*\*\*61.25

DOCUMENT # 700843

1. Entity Name

GFWC WOMAN'S CLUB OF ANNA MARIA ISLAND, INC.

Principal Place of Business

Mailing Address

614 DUNDEE LN  
HOLMES BCH FL 34217  
US

P.O. Box 1326  
ANNA MARIA, FL 34216  
FI 34216

6500 FLOTILLA DR. 616 BLADSTONE LN  
HOLMES BEACH FL 34217-1459 HOLMES BEACH, FL 34217



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

59-6134336

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

~~HARRELL, D~~  
~~614 DUNDEE LN~~  
~~HOLMES BEACH FL 34217~~

Name: FAYE H. PRATT  
Street Address (P.O. Box Number is Not Acceptable): 616 BLADSTONE LANE  
HOLMES BEACH  
City: FL Zip Code: 34217

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

Faye H. Pratt, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/2000

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	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, L	
STREET ADDRESS	P.O. BOX 163	
CITY-ST-ZIP	BRADENTON BCH FL 34217	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GELDERMAN, F	
STREET ADDRESS	509 74TH ST	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REED, A	
STREET ADDRESS	614 GLADSTONE LN	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	CS	<input type="checkbox"/> Delete
NAME	LAWTON, E	
STREET ADDRESS	611 EMERALD LN	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, D	
STREET ADDRESS	614 DUNDEE LN	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JUNE ARDOVINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5920 Todd #B6	
STREET ADDRESS	BRADENTON, FL 34207	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FAYE H. PRATT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	616 BLADSTONE LN	
STREET ADDRESS	HOLMES BEACH, FL 34217	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faye H. Pratt, Treasurer  
1/14/2000  
941-778-2427

Date Daytime Phone #

CR2E037 (9/99)