

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # 701085

1. Entity Name

THE GAINESVILLE WOMAN'S CLUB, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-05-2000 90037 042 ****61.25

Principal Place of Business

Mailing Address

2809 WEST UNIVERSITY AVE.
GAINESVILLE FL 32607

2809 WEST UNIVERSITY AVE.
GAINESVILLE FLA 32607-2533

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

59-0799924

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

LITTLE, ROLAIN H
2904 N.E. 12TH STREET
GAINESVILLE FL 32609

Name

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

516 NW 101 Terrace

City

Gainesville

FL

Zip Code

32607

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

Marion Coleman

Marion Coleman

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

TITLE	D	☒ Delete
NAME	LITTLE, ROLAIN	
STREET ADDRESS	2904 N.E. 12TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	TD	☒ Delete
NAME	REED-HILL, LOIS	
STREET ADDRESS	11100 NW 11TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	☒ Delete
NAME	WHITNEY, PATRICIA	
STREET ADDRESS	2016 NW 18TH LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	☒ Delete
NAME	WARD, GERALDINE	
STREET ADDRESS	1921 NW 23RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VP	☐ Delete
NAME	EVANS, MAJORIE	
STREET ADDRESS	9426 NW 27TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	☒ Delete
NAME	CONSBROCK, BETTY	
STREET ADDRESS	4826 NW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	Coleman, Marion	
STREET ADDRESS	516 NW 101 Terrace	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	TD	☒ Change ☐ Addition
NAME	Scholefield, Marge	
STREET ADDRESS	4138 NW 33rd place	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	VP	☒ Change ☐ Addition
NAME	Allen, Sibyl	
STREET ADDRESS	4731 NW 13th Avenue	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	VP	☒ Change ☐ Addition
NAME	Poucher, Carol	
STREET ADDRESS	2935 NW 12th place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Heaston, Lucy	
STREET ADDRESS	3030 NW 22nd Street	
CITY-ST-ZIP	Gainesville, FL 32605	

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:

Marge Scholefield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/00

Daytime Phone #

(352) 373-8856