# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 20, 2002 8:00 am**
**Secretary of State**
02-20-2002 90117 015 ****61.25

DOCUMENT # 701085

1. Entity Name

THE GAINESVILLE WOMAN'S CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2809 WEST UNIVERSITY AVE.<br>GAINESVILLE FL 32607 | 2809 WEST UNIVERSITY AVE.<br>GAINESVILLE FL 32607 |

DO NOT WRITE IN THIS SPACE

| 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

**6. Name and Address of Current Registered Agent**

MARION, COLEMAN
516 NW 101 TERRACE
GAINESVILLE FL 32607

**7. Name and Address of New Registered Agent**

Name: Kay Galm
Street Address (P.O. Box Number is Not Acceptable): 5711 SW 36th Way
City: Gainesville **FL** Zip Code: 32608

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: Kay Galm
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 1/30/02

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COLEMAN, MARION<br>516 NW 101 TERRACE<br>GAINESVILLE FL 32607 | ☐ Delete | PD<br>Galm, Kay<br>5711 SW 36th Way<br>Gainesville, FL 32608 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCHOLEFIELD, MARGE<br>4138 NW 33RD PLACE<br>GAINESVILLE FL 32606 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>REED HILL, LOIS<br>141 NW 48TH BLVD<br>GAINESVILLE FL 32607 | ☒ Delete | VPD<br>Singer, Beverly<br>6305 NW 56th Lane<br>Gainesville, FL 32653 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PAUCHER, CAROL<br>2935 NW 12TH PLACE<br>GAINESVILLE FL 32605 | ☒ Delete | VP<br>Parham, Ellen<br>4610 NW 30th Terrace<br>Gainesville, FL 32605 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>EVANS, MAJORIE<br>9426 NW 27TH PLACE<br>GAINESVILLE FL 32606 | ☒ Delete | VP<br>Heaston, Lucy<br>10544 NW 13th Lane<br>Gainesville, FL 32606 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SLACK, MARILYN<br>9015 SW 61ST AVENUE<br>GAINESVILLE FL 32608 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 MARGE SCHOLEFIELD (352) 373-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #