

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702136

1. Entity Name

GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

**FILED**  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90267 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

414 KINGS STREET  
P.O. BOX 620522  
OVIEDO FL 32762-0522  
US

Mailing Address

414 KINGS STREET  
P.O. BOX 620522  
OVIEDO FL 32762-0522  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6152458

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTIN, LOUISE M  
736 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708

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 P  
NAME CARDEN, STACY  
STREET ADDRESS 1745 OLDE RIVER TRAIL  
CITY-ST-ZIP OVIEDO FL 32766 ☐ Delete

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

TITLE AT  
NAME GILL, NANCY  
STREET ADDRESS 1112 GROVE LAND DR.  
CITY-ST-ZIP CHULUCTA FL 32766 ☐ Delete

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

TITLE T  
NAME HOLMES, UDELL F  
STREET ADDRESS 100 W. BEASLEY RD  
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE Treasurer  
NAME Joyce Schoening  
STREET ADDRESS 2470 MIKLER ROAD  
CITY-ST-ZIP OVIEDO FL 32765 ☒ Change ☐ Addition

TITLE T  
NAME KANIOTRAS, SANDRA  
STREET ADDRESS 605 E CHAPMAN RD  
CITY-ST-ZIP OVIEDO FL ☒ Delete

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

TITLE T  
NAME MARTIN, LOUISE  
STREET ADDRESS 736 ANDOVER CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

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

TITLE T  
NAME SHAFFER, BARBARA  
STREET ADDRESS 6035 LAKE CHARM CIR  
CITY-ST-ZIP OVIEDO FL ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce Schoening

1-24-01

407  
366 1366

CR2E037 (10/00)