

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90299 010 ****61.25

DOCUMENT # 705738

1. Entity Name

GFWC WOMAN'S CLUB OF LEESBURG, INC.

Principal Place of Business

Mailing Address

~~PO BOX 490532~~
LEESBURG FL 34749-0532

PO BOX 490532
LEESBURG FL 34749-0532

OK

A0020991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 S. 9th STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

34748

Country

LAKE

Zip

34748

Country

LAKE

4. FEI Number

59-1481485

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

HALL, JUANITA S
1610 MICHIGAN AVENUE
LEESBURG FL 34748

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

Juanita S. Hall

(NOTE: Registered Agent signature required when reinstating)

1/30/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
HALL, NITA
1610 MICHIGAN AVENUE
LEESBURG FL 34748

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P/D

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
RELYER, VIRGINIA
118 CYPRESS RD.
WILDWOOD FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T/D
JANE BOOTHE
308 N VALLEY RD
FRUITLAND PARK, FL 34731

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
ADAMS, MARGARET
6206 STEFFI STREET
LEESBURG FL 34748

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V/D
BETSY JORDAN
5432 ASTOR ST
LEESBURG, FL 34748

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S/D
SARAH COLLOP
703 PLUMOSA AVE
FRUITLAND PARK, FL 34731

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Jane Boothe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

(352) 326-3067
Treasurer

Daytime Phone #

CR2E037 (10/00)