

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90393 043 ****61.25

DOCUMENT # 705738

1. Entity Name

GWFC WOMAN'S CLUB OF LEESBURG, INC.

Principal Place of Business

**700 S 9TH STREET
 LEESBURG FL 34748**

Mailing Address

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

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

59-1481485

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 **JANE R. BOOTHE**

Street Address (P.O. Box Number is Not Acceptable)
208 N. VALLEY RD

City **FRUITLAND PARK FL** Zip Code **34731**

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

Jane R. Boothe, Treas.

4/11/02

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 **PD** ☒ Delete
 NAME **HALL, NITA**
 STREET ADDRESS **1610 MICHIGAN AVENUE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MARGARET DAVISON**
 STREET ADDRESS **1611 S. LAKEVIEW AVE**
 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **TD** ☐ Delete
 NAME **BOOTHE, JANE**
 STREET ADDRESS **208 N VALLEY ROAD**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

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

TITLE **VD** ☐ Delete
 NAME **JORDAN, BETSY**
 STREET ADDRESS **5432 ASTOR STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **SD** ☒ Delete
 NAME **COLLOP, SARAH**
 STREET ADDRESS **703 PLUMOSA AVENUE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **SD** ☐ Change ☒ Addition
 NAME **WALLY IRWIN**
 STREET ADDRESS **23 RHETT RD**
 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JANE R. BOOTHE (JANE R. BOOTHE) Treas. **4/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)