

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711635

1. Entity Name

GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC

Principal Place of Business

2560 CLUB TERRACE
JACKSONVILLE FL 32207

Mailing Address

2560 CLUB TERRACE
JACKSONVILLE FLA 32207-2815

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

59-0817788

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

MINTON, MARSHA M
2521 BREMEN CT
JACKSONVILLE FL 32216

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

Marsha M. Minton

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 3VPD ☐ Delete
NAME DUCHTMAN, DEEORES
STREET ADDRESS 10910 DOVER COVE LN
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE 3VPD ☒ Change ☐ Addition
NAME JORDAN, MYRTLE
STREET ADDRESS 2623 LYNNHAVEN TERRACE
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE PD ☐ Delete
NAME LEWIS, WINIFRED
STREET ADDRESS 5262 RIDGECREST AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE 4VPD ☒ Change ☐ Addition
NAME SIDBURY, RUTH
STREET ADDRESS 2420 TEBASSA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPD ☐ Delete
NAME FOURAKER, POLLY
STREET ADDRESS 2762 SUNNYBROOK RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE 2VPD ☒ Change ☐ Addition
NAME VEES, ELLIE
STREET ADDRESS 159 HAMMOCK WAY
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE T ☐ Delete
NAME PETRILLI, VERA
STREET ADDRESS 1110 NIGHTINGALE RD
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE 4VPD ☐ Delete
NAME MAVIS, DON
STREET ADDRESS 5352 GOLF COURSE
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE 2VPD ☐ Delete
NAME STARLING, ERDA
STREET ADDRESS 3354 EXCALIBUR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

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:

Winifred Lewis

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (904) 396-7983

Date

Daytime Phone #

CR2E037 (9/99)