

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712943

1. Entity Name

WOMEN'S CIVIC CLUB OF WEST PANAMA CITY BEACH, FL

Principal Place of Business

Mailing Address

P O BOX 9759
PANAMA CITY BCH FL 32417

P O BOX 9759
PANAMA CITY BCH FL 32417-0159

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

59-2368315

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

PIETERSE, JEANNETTE C
3715 PRESERVE BAY BLVD
PANAMA CITY BEACH FL 32408

Name OBERST, GAYLE

Street Address (P.O. Box Number is Not Acceptable)

208 OLEANDER CIRCLE

City

PANAMA CITY BEACH

FL

Zip Code

32413

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

GAYLE OBERST

MARCH 30, 2000

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 PIETERSE, JEANNETTE C
STREET ADDRESS 3715 PRESERVE BAY BLVD
CITY-ST-ZIP PANAMA CITY BCH FL 32408

TITLE PD ☒ Change ☐ Addition
NAME OBERST, GAYLE
STREET ADDRESS 208 OLEANDER CIRCLE
CITY-ST-ZIP PANAMA CITY BCH FL 32413

TITLE VPD ☒ Delete
NAME DOYLE, MARION
STREET ADDRESS 549 N. ARREOLD ROAD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE VPD ☒ Change ☐ Addition
NAME GRESSLE, ELOISE
STREET ADDRESS 7437 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE VPD ☒ Delete
NAME SMITH, HELEN
STREET ADDRESS 6901 N. LAGOON DRIVE #25
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE VPD ☒ Change ☐ Addition
NAME SWARTZ, MARTY
STREET ADDRESS 113 NAUTICAL WAY
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE RST ☒ Delete
NAME HONEY, MARGARET
STREET ADDRESS 4715 THOMAS DR, #109
CITY-ST-ZIP PANAMA CITY BCH, FL 00000 32408

TITLE RST ☐ Change ☐ Addition
NAME DU MONT, ELIZABETH
STREET ADDRESS 6323 THOMAS DRIVE #703
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE CST ☐ Delete
NAME PARR, FAITH
STREET ADDRESS 6323 THOMAS DR, #802
CITY-ST-ZIP PANAMA CITY BCH, FL 00000 32408

TITLE CST ☒ Change ☐ Addition
NAME KABACI, FAYE
STREET ADDRESS 128 SERENADE LANE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE T ☐ Delete
NAME DU MONT, ELIZABETH
STREET ADDRESS 6323 THOMAS DR, #703
CITY-ST-ZIP PANAMA CITY BCH, FL 32408

TITLE T ☐ Change ☐ Addition
NAME PARR, FAITH
STREET ADDRESS 6323 THOMAS DRIVE #802
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

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

GAYLE OBERST

PD 3/30/00 8502351541

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90055 038 ****61.25

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DO NOT WRITE IN THIS SPACE