

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90132 027 ****61.25

DOCUMENT # 713009

1. Entity Name

GIRLS INCORPORATED OF WINTER HAVEN

Principal Place of Business

2400 HAVENDALE BLVD.
 WINTER HAVEN FL 33881
 US

Mailing Address

PO BOX 7285
 WINTER HAVEN FL 33883-7285
 US

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

59-1158810

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

SPILLANE, MARGARET
400 DURRELL RD.
WINTER HAVEN FL 33884

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	VD	<input type="checkbox"/> Delete
NAME	PECK, MARYLY V	
STREET ADDRESS	1290 HOWARD TERRACE NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881-3158	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, LINDA	
STREET ADDRESS	5014 RIVER LAKE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKERT, CHERYL	
STREET ADDRESS	631 CENTRAL AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, JANE	
STREET ADDRESS	1125 LAKE HOWARD DR N	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRY, DORTHY	
STREET ADDRESS	1923 4TH ST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	M	<input type="checkbox"/> Delete
NAME	SPILLANE, MARGARET	
STREET ADDRESS	400 DURRELL RD.	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *Margaret Spillane*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-01 863-967-2874
 Date Daytime Phone #

CR2E037 (10/00)