

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

02-26-2002 90121 007 ****61.25

DOCUMENT # 716561

1. Entity Name

GPWC-SUWANNEE RIVER WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**NEWBORN ROAD
P.O. BOX 103
LIVE OAK FL 32060**

**NEWBORN ROAD
P.O. BOX 103
LIVE OAK FL 32060**

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

59-6202275

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

Name

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

City

FL

Zip Code

**WOOD, KATHY
8457 127TH DRIVE
LIVE OAK FL 32060**

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	D	<input type="checkbox"/> Delete
NAME	MILNER, ANDY	
STREET ADDRESS	15276 61ST ROAD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, MELISSA	
STREET ADDRESS	5074 CR 795	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ANGELA	
STREET ADDRESS	7097 CR 249	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, TRACY	
STREET ADDRESS	14564 96TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HURST, JENNY	
STREET ADDRESS	P.O. BOX 1391	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnett, Tiffany	
STREET ADDRESS	7686 Hogan Rd.	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Angela	
STREET ADDRESS	7097 CR 249	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hurst, Jenny	
STREET ADDRESS	P.O. Box 1391	
CITY-ST-ZIP	Live Oak, FL 32060	
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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

386.3677836

Daytime Phone #

CR2E037 (9/01)