

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717959

1. Entity Name

GFWC GAINESVILLE JUNIOR WOMAN'S CLUB, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90137 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 140777  
GAINESVILLE FL 32614-0777

P.O. BOX 140777  
GAINESVILLE FL 32614-0777

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

23-7253593

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

BEAVERS, SARAH L  
2041 NE 12ST  
GAINESVILLE FL 32609

Name

Jeannene Mironack

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

4817 NW 37th Place

City

Gainesville,

FL

Zip Code  
32606

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

*Jeannene Mironack*

Jeannene Mironack

02/03/2000

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 JASZCZAK, ERIN  
STREET ADDRESS 2929 W. UNIVERSITY AVE.  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE President/Director ☒ Change ☐ Addition  
NAME Mansfield, Stacey  
STREET ADDRESS 1055 NW 125th Dr.  
CITY-ST-ZIP Newberry, FL 32669

TITLE VD ☐ Delete  
NAME MANSFIELD, STACEY  
STREET ADDRESS 531 NE 7TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE VD ☐ Delete  
NAME CHANCE, DIANA  
STREET ADDRESS 3934 NW 60TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE Vice President/Director ☐ Change ☒ Addition  
NAME Broadhurst, Michele  
STREET ADDRESS 3410 NW 91st Street/#17C  
CITY-ST-ZIP Gainesville, FL 32606

TITLE TD ☒ Delete  
NAME BEAVERS, SARAH  
STREET ADDRESS 2041 NE 12TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE Treasurer/Director ☒ Change ☐ Addition  
NAME Quintero, Rosemarie  
STREET ADDRESS 4000 NW 51st Street/B-28  
CITY-ST-ZIP Gainesville, FL 32606

TITLE SD ☒ Delete  
NAME EISOLD, SANDI  
STREET ADDRESS 1411 NW 47TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Secretary/Director ☐ Change ☒ Addition  
NAME Sielaff, Nancy  
STREET ADDRESS 4000 SW 47th Street/E-14  
CITY-ST-ZIP Gainesville, FL 32608

TITLE BMD ☐ Delete  
NAME QUINTERO, ROSEMARIE  
STREET ADDRESS 2710 NW 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Business Manager/Director ☐ Change ☒ Addition  
NAME Soohoo, Rane  
STREET ADDRESS 5803 NW 34th Street  
CITY-ST-ZIP Gainesville, FL 32653

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:

*Rosemarie Quintero*

Rosemarie Quintero 02/04/00 (352) 335-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)