

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2002 8:00 am
Secretary of State

05-19-2002 90215 018 ****61.25

DOCUMENT # 717959

1. Entity Name

GFWC GAINESVILLE JUNIOR WOMAN'S CLUB, INC.

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

4. FEI Number

23-7253593

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRONACK, JEANNENE
4817 NW 37TH PL
GAINESVILLE FL 32606

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

Jeannene Mironack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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	1VPD	<input type="checkbox"/> Delete
NAME	CARPENTER, JENA	
STREET ADDRESS	2358 SW 14TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	HARRISON, THERESA	
STREET ADDRESS	1000 NW 39TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANCE, DIANA	
STREET ADDRESS	3934 NW 60TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RHONDA	
STREET ADDRESS	7211 SW 81ST DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOLB, STEPHANIE	
STREET ADDRESS	8814 NE 35TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	SOOHOO, RANEE	
STREET ADDRESS	5803 NW 34TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE	1VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Ahalt	
STREET ADDRESS	1322 NW 49 Terr.	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	2VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erin Jaszczak	
STREET ADDRESS	3011 NW 10TH PLACE	
CITY-ST-ZIP	Gainesville FL 32605	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carpenter, Jena	
STREET ADDRESS	2358 SW 14th Dr.	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathie Troiano	
STREET ADDRESS	4802 SW 85 Ave	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vivian Carrell	
STREET ADDRESS	5122 NW 34th Pl	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolb, Stephanie	
STREET ADDRESS	8814 NE 35th Place	
CITY-ST-ZIP	Gainesville FL 32606	

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:

Kathie Troiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

352 379
3125

Daytime Phone #

CR2E037 (9/01)