

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718993

1. Entity Name

G.F.W.C. WOMAN'S CLUB OF PT. CHARLOTTE FL. INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90015 023 \*\*\*\*61.25

Principal Place of Business

PO BOX 2004  
PORT CHARLOTTE FL 33949

Mailing Address

PO BOX 2004  
PORT CHARLOTTE FL 33949-2004

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

58-1895509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, MILDRED  
3509 DENHAM ST.  
PT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name: Geraldine Frey  
Street Address (P.O. Box Number is Not Acceptable): 21225 Chatburn Ave  
City: Port Charlotte FL Zip Code: 33952

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

*Geraldine Frey*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KING, MILDRED	
STREET ADDRESS	3509 DENHAM ST	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VANDERMALE, OLIVE	
STREET ADDRESS	1408 SANCRISTOBAL AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PICKEN, MILDRED F.	
STREET ADDRESS	2453 IVANHOE STREET	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FREY, GERALDINE	
STREET ADDRESS	21225 CHATBUEN AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geraldine Frey	
STREET ADDRESS	21225 Chatburn Ave	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mildred King	
STREET ADDRESS	3509 Denham St	
CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Langdon	
STREET ADDRESS	118 Peckham St SE	
CITY-ST-ZIP	Port Charlotte FL 33952	
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)(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:

*Geraldine Frey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

941-629-1536

Daytime Phone #

CR2E037 (9/99)