

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732250

1. Entity Name

G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 036 ****61.25

Principal Place of Business

P. O. BOX 900306
HOMESTEAD FL 33090

Mailing Address

P. O. BOX 900306
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1705960

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENDALL, CYNTHIA J
16241 SW 286 ST
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name **ANNE EXTERKAMP**

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

16221 S.W. 285 ST

City **HOMESTEAD**

FL

Zip Code **33033**

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

Anne Exterkamp

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 **VPD** ☐ Delete
NAME **HARRIS, DEBBIE**
STREET ADDRESS **35250 SW 177 CT #219**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **VP/D** ☒ Delete
NAME **WORRALL, RENEE**
STREET ADDRESS **30815 SW 191 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VP/D** ☒ Delete
NAME **KENDALL, CYNTHIA**
STREET ADDRESS **16241 SW 286 ST**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **S/D** ☒ Delete
NAME **VAN KESSEL, TINA**
STREET ADDRESS **9915 NW 6 LANE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **PD** ☒ Delete
NAME **JONES, RITA**
STREET ADDRESS **1192 NIGHTHAWK**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPAS** ☐ Change ☒ Addition
NAME **MARSHA SINES**
STREET ADDRESS **17345 S.W. 299 ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **VPAS** ☐ Change ☒ Addition
NAME **LYNNE GUADAMUZ**
STREET ADDRESS **16600 S.W. 292 TR.**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **VPAS** ☐ Change ☒ Addition
NAME **JULIE GARRETT**
STREET ADDRESS **16385 S.W. 279 ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **TAS** ☐ Change ☒ Addition
NAME **ANNE EXTERKAMP**
STREET ADDRESS **16221 S.W. 285 ST**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **SAS** ☐ Change ☒ Addition
NAME **WENDY HAYS**
STREET ADDRESS **1333 S. FIELDLARK LANE**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

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:

ANNE EXTERKAMP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00 305.245.2241

CR2E037 (5/00)