

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732348

1. Entity Name

GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) SEMIN

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90271 023 ****61.25

Principal Place of Business

Mailing Address

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 33776
US

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 33775-4524
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6155076

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

7. Name and Address of New Registered Agent

DANIEL, LESI
14394 86TH AVE N.
SEMINOLE FL 34642

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

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 VPD
NAME PAPALARDO, JULIE
STREET ADDRESS 10263 MYRTLE OAK LANE
CITY-ST-ZIP SEMINOLE FL 33777 ☒ Delete

TITLE PD
NAME ~~Vicki~~ Lachini, Vicki
STREET ADDRESS 7295 Hubert St.
CITY-ST-ZIP Seminole, FL 33776 ☐ Change ☒ Addition

TITLE PD
NAME LOEBEL, BEVERLY
STREET ADDRESS 14212 MARK DR
CITY-ST-ZIP LARGO FL 34644 ☒ Delete

TITLE VPD
NAME Winters, Jo
STREET ADDRESS 9999 53rd AVE N.
CITY-ST-ZIP Seminole, FL 33708 ☐ Change ☒ Addition

TITLE
NAME RHONDA, THOMPSON
STREET ADDRESS 12965 FARMINGTON TR.
CITY-ST-ZIP SEMINOLE, FL 33776 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Rhonda Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

727-3976-323

Date

Daytime Phone #

CR2E037 (9/99)