

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732348

1. Entity Name

GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) SEMIN

Principal Place of Business

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

Mailing Address

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 34642
US

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

59-6155076

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33776

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

T
RHONDA, THOMPSON
12965 FARMINGTON TR.
SEMINOLE, FL 33776 ☒ Delete

PD
IACHINI, VICKI
7295 HUBERT ST.
SEMINOLE FL 33776 ☒ Delete

VPD
WINTERS, JO
9799 53RD AVE N
SAINT PETERSBURG FL 33708 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Treasurer
Lesi S. Daniel
14394 86TH Avenue North
Seminole Florida 33776 ☐ Change ☒ Addition

President
Michele Abramo
12229-92nd Terrace North
Seminole, Florida 33772 ☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Lesi S. Daniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

727-392-3331

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90057 033 *****61.25

00029018



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0054736