

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752977**

1. Entity Name

THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90133 010 ****61.25

Principal Place of Business

Mailing Address

**511 W. PLANTATION BLVD.
 LAKE MARY FL 32746
 US**

**511 W. PLANTATION BLVD.
 LAKE MARY FL 32746-2530
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2996498

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

**GRIFFITH, HELEN
 511 W. PLANTATION BLVD.
 LAKE MARY FL 32746**

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	T	<input type="checkbox"/> Delete
NAME	GRIFFITH, HELEN	
STREET ADDRESS	511 W. PLANTATION BLVD.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BABITT, OLIVE	
STREET ADDRESS	460 COCHRAN RD	
CITY-ST-ZIP	GENEVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRASNOFF, KATHY	
STREET ADDRESS	7470 COLONIAL CT.	
CITY-ST-ZIP	SANFORD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AKERS, BETTY	
STREET ADDRESS	815 ELM STREET	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	RS	<input type="checkbox"/> Delete
NAME	OSGOOD, ANABEL	
STREET ADDRESS	484 WINDMEADOWS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RUTH	
STREET ADDRESS	177 NORTHMOOR RD.	
CITY-ST-ZIP	CASSELBERRY FL	

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	
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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: *Helen Griffith* **SIGNATURE REQUIRED**

4-11-2000 407-323-3038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)