

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752977

1. Entity Name

THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS,

Principal Place of Business

511 W. PLANTATION BLVD.
LAKE MARY FL 32746
US

Mailing Address

511 W. PLANTATION BLVD.
LAKE MARY FL 32746
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

59-2996498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

629824



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BABITT, OLIVE 1620 Van Arsdale Oviedo, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BARBARA WATKINS 647 N. Lake Jessup Ave. Oviedo, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D JANET FOLEY 268 MAPLE COURT Oviedo, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> 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:

HELEN GRIFFITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2001
Date

407-323-3038
Daytime Phone #

CR2E037 (10/00)