

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90151 046 \*\*\*\*61.25

**DOCUMENT # 752977**

1. Entity Name

**THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS, INC.**

Principal Place of Business

Mailing Address

511 W. PLANTATION BLVD.  
 LAKE MARY FL 32746  
 US

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

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

T ☐ Delete  
 NAME **GRIFFITH, HELEN**  
 STREET ADDRESS **511 W. PLANTATION BLVD.**  
 CITY-ST-ZIP **LAKE MARY FL**

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

P ☐ Delete  
 NAME **BABITT, OLIVE**  
 STREET ADDRESS **1620 VAN ARSDALE**  
 CITY-ST-ZIP **OVIEDO FL 32765**

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

D ☐ Delete  
 NAME **WATKINS, BARBARA**  
 STREET ADDRESS **647 LAKE JESSUP AVENUE**  
 CITY-ST-ZIP **OVIEDO FL 32765**

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

VPD ☐ Delete  
 NAME **AKERS, BETTY**  
 STREET ADDRESS **815 ELM STREET**  
 CITY-ST-ZIP **SANFORD FL 32773**

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

RS ☐ Delete  
 NAME **OSGOOD, ANABEL**  
 STREET ADDRESS **484 WINDMEADOWS**  
 CITY-ST-ZIP **ALTAMONTE SPGS. FL**

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

D ☐ Delete  
 NAME **FOLEY, JANEY**  
 STREET ADDRESS **268 MAPLE COURT**  
 CITY-ST-ZIP **OVIEDO FL 32765**

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-2002 1-467-323-3038**

Date

Daytime Phone #

CR2E037 (9/01)