

2000 UNIFORM BUSINESS REPORT (UBR)

8/3/

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-03-2000 90033 047 ****61.25

DOCUMENT # 755223

1. Entity Name

GWFC MELBOURNE AREA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

1858 THEST DRIVE
VIERA FL 32940
US

Mailing Address

P.O. BOX 1544
MELBOURNE FL 32902
US

2. Principal Place of Business

1117 PACE DRIVE NW

3. Mailing Address

P.O. BOX 1544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Melbourne FL

4. FEI Number

59-1739311

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

32902-1544

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS W. DEANS, ESQUIRE
47 W. NEW HAVEN AVENUE
SUITE 101
MELBOURNE FL 32901

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

After September 13, 2000 min. will be \$236.25

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	VD	<input checked="" type="checkbox"/> Delete
NAME	STRATTON, PAULA	
STREET ADDRESS	2835 RANCH RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLEMMONS, SANDY	
STREET ADDRESS	2957 TIVOLI AVE., S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEANS, REBECCA B.	
STREET ADDRESS	135 9TH AVENUE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FALK, LISA	
STREET ADDRESS	1858 THESTY DRIVE	
CITY-ST-ZIP	VIERA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KISH, BARBARA	
STREET ADDRESS	1025 LENNOX WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Gapsch	
STREET ADDRESS	1117 PACE DRIVE NW	
CITY-ST-ZIP	PALM BAY, FL 32901	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Rindge	
STREET ADDRESS	335 8th Avenue	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Shelton	
STREET ADDRESS	2957 TIVOLI Avenue, SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Falk	
STREET ADDRESS	1858 thesty drive	
CITY-ST-ZIP	Viera, FL 32940	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-00 321-253-8090