2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # 762973** 1. Entity Name GFWC GULF BEACH WOMAN'S CLUB, INC. 04-21-2000 90009 034 ****61.25 Principal Place of Business Mailing Address FLORENCE S NICELEY NICELEY, FLORENCE, \$ 4500-1ST AVE NO 4500 1ST AVE NO ST. PETERSBURG FL 33713-8102 ST PETERSBURG FL 39713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2131466 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) NICELEY, FLORENCE S 4500 1ST AVE NORTH ST. PETERSBURG FL 33713 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change Addition TITLE ☐ Delete MACPHERSON, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 5-163RD AVE CITY-ST-ZIP CITY-ST-ZIP REDINGTON BEACH FL 33708 TITLE ☐ Change **Addition** Delete TITLE D VP NAME NAME WARHURST, EVELYN NERVIANI, RUTH STREET ADDRESS STREET ADDRESS 5980 80TH ST., N. APT. 108 7975 58TH AVE., NO. #311 CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33709 ST. PETERSBURG, FL 33709 X Addition TITLE ☐ Change TITLE IJ, 🏞 Delete ĎŠ NAME NAME DAVIS, CONSTANCE BARRETT, RITA STREET ADDRESS STREET ADDRESS 12971 FARMINGTON TRAIL 16117 5TH ST., E. CITY-ST-ZIE CITY-ST-ZIP SEMINOLE FL 34646 REDINGTON BEACH, FL. Z Delete 🔀 Addition TITLE TITLE NAME NAME THOMAS, LILY WILKIE, CONSTANCE STREET ADDRESS 11620 SHIPWATCH AVE, #1420 STREET ADDRESS 7959 CAUSEWAY BLVD. N. CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** ST. PETERSBURG, FL 33707 ☐ Addition TITLE 🔀 Delete TITLE FALK. FALK NAME NAME STREET ADDRESS 17105 GULF BLVD, #314 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N REDINGTON BCH FL 33708 Delete Change ☐ Addition TITLE TITLE NAME NICELEY, FLORENCE NAME STREET ADDRESS 4500 1ST AVE. N. STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

ST. PETERSBURG FL 33713

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000 727-391-732