

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 762973**

1. Entity Name

GFWC GULF BEACH WOMAN'S CLUB, INC.

Principal Place of Business

**NICELEY, FLORENCE S
4500-1ST AVE NO
ST PETERSBURG FL 33713
US**

Mailing Address

**FLORENCE S NICELEY
4500 1ST AVE NO
ST. PETERSBURG FL 33713
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 **59-2131466**Applied For
Not Applicable5. 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

**NICELEY, FLORENCE S
4500 1ST AVE NORTH
ST. PETERSBURG FL 33713**

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 **D** ☐ Delete
NAME **MACPHERSON, JOANNE**
STREET ADDRESS **5-163RD AVE**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**TITLE **DVP** ☐ Delete
NAME **NERVIANI, RUTH**
STREET ADDRESS **7975 58 AVENUE NO. #311**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**TITLE **DS** ☐ Delete
NAME **BARRETT, RITA**
STREET ADDRESS **16117 5 STREET EAST**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**TITLE **DT** ☐ Delete
NAME **WILKIE, CONSTANCE**
STREET ADDRESS **7959 CAUSEWAY BLVD. NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Constance Wilkie Treasurer 1-11-2001
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90019 047 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)