

2000 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-02-2000 90003 044 ****61.25

DOCUMENT # 770073

1. Entity Name **7777**

GULF HARBORS WOMEN OF THE WOODLANDS, INC.

R

Principal Place of Business

**3936 MARINE PARKWAY
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**3936 MARINE PARKWAY
 NEW PORT RICHEY FL 34652-3142
 US**

2. Principal Place of Business

3936 Marine Parkway

Suite, Apt. #, etc.

New Pt Richey

City & State

FL 34652

Zip

Country

USA

3. Mailing Address

3936 Marine Parkway

Suite, Apt. #, etc.

New Pt Richey

City & State

FL 34652

Zip

Country

USA

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUNCAN, MARY JEAN
 4469 DEWEY DR
 NEW PORT RICHEY FL 34652**

Name

Marie Chandler

Street Address (P.O. Box Number is Not Acceptable)

4620 Dewey Dr

City

New Pt Richey FL

Zip Code

34652

7. Name and Address of New Registered Agent

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 **PD** ☐ Delete
 NAME **DUNCAN, MARY JEAN**
 STREET ADDRESS **4469 DEWEY DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VP** ☐ Delete
 NAME **CHANDLER, MARIE**
 STREET ADDRESS **4620 DEWEY DR**
 CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE **SD** ☐ Delete
 NAME **CHURBUCK, EARLINE**
 STREET ADDRESS **5517 GRIDLEY LN**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ Delete
 NAME **DUPONT, CAROL**
 STREET ADDRESS **4368 MARINE PKWY**
 CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD Chandler, Marie** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4620 Dewey**
 CITY-ST-ZIP **New Pt Richey, FL 34652**

TITLE **VP Cox, Dorothy** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5620 Boone Ct**
 CITY-ST-ZIP **New Pt Richey, FL 34652**

TITLE **SD Newton, Faith** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4152 Perry Pl**
 CITY-ST-ZIP **New Pt Richey, FL 34652**

TITLE **TD Schuler, Ingrid** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4157 Perry Pl**
 CITY-ST-ZIP **New Pt Richey, FL 34652**

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

TITLE ☐ 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 REQUIRED **Marie Chandler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **847-9524**

CR2E037 (9/99)