· 2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am[§] Secretary of State **DOCUMENT # 770073** 1. Entity Name GULF HARBORS WOMEN OF THE WOODLANDS, INC. 05-02-2001 90122 024 ****61.25 Principal Place of Business Mailing Address 3936 MARINE PARKWAY 3936 MARINE PARKWAY **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KREIDER, FRANCES A 4523 RICKOVER CT **NEW PORT RICHEY FL 34652** 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. **FILE NOW:** 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete NAME KREIDER, FRANCES NAME STREET ADDRESS 4523 RICKOVER CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652 ⊠** Delete Change TITLE TITLE Addition SANDBERG, MARY JEAN NAME NAME Cathe Rymshaw STREET ADDRESS 5637 DECATUR STREET ADDRESS 3929 Marine Parkway New Port Richey, FL 34652 CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE ☑ Delete TITLE **∑**=Change ■ Addition Evelyn Gillette BERTEL, SHARON ... NAME ___ NAME 3914 Marine Pkwy. STREET ADDRESS 4663 DEWEY DR STREET ADDRESS New Port Richey, FL 34652 CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP □ Delete TITLE TITLE Change Addition Earline Churbuck HACKETT, ISA NAME NAME 5517 Gridley STREET ADDRESS 4523 DEWEY DR STREET ADDRESS New Port Richey, FL 34652 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

grando Freder pression

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