

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90334 044 ****61.25

DOCUMENT # 770073

1. Entity Name

GULF HARBORS WOMEN OF THE WOODLANDS, INC.

Principal Place of Business

Mailing Address

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

**3936 MARINE PARKWAY
 NEW PORT RICHEY FL 34652
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREIDER, FRANCES A
 4523 RICKOVER CT
 NEW PORT RICHEY FL 34652**

Name **Cathe Rymshaw**

Street Address (P.O. Box Number is Not Acceptable)
3929 Marine Parkway

City **New Port Richey**

FL

Zip Code **34652**

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 *Cathe Rymshaw*

4/14/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KREIDER, FRANCES	
STREET ADDRESS	4523 RICKOVER CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RYMSHAW, CATHE	
STREET ADDRESS	3929 MARINE PARKWAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, EVELYN	
STREET ADDRESS	3914 MARINE PARKWAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHURBUCK, EARLINE	
STREET ADDRESS	5517 GRIDLEY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathe Rymshaw	
STREET ADDRESS	3929 Marine Pkwy	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Fehn	
STREET ADDRESS	4456 Marine Pkwy	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Duvin	
STREET ADDRESS	5412 Dahlgren DR	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earline Churbuck	
STREET ADDRESS	5517 Gridley Lane	
CITY-ST-ZIP	New Port Richey, FL 34652	
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: *Cathe Rymshaw*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02
 Date

(727) 842-7358
 Telephone Number

CR2E037 (9/01)