2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90079 029 ****70.00

DOCUMENT # N17281

1. Entity Name

THE GFWC TAMPA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2901 BAYSHORE BLVD TAMPA FL 33629-7404	4409 W. VARN AVENUE TAMPA FL 33616-1422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2901 Bayshore Blvd Suite, Apt. #, etc.
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33629 / Country: USA

4. FEI Number: 59-6159892 ☐ Applied For ☐ Not Applicable

5. 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
GEARY, CATHY 4409 W. VARN AVE. TAMPA FL 33616	Name: Samantha Powell Street Address (P.O. Box Number is Not Acceptable): 2901 Bayshore Blvd. City: Tampa, FL **FL** Zip Code: 33629

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: Samantha Powell Treasurer 2/22/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAUFFER, SHARON 8649 N. HIMES AVENUE TAMPA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lupia, Elizabeth 1210 Druid Tampa, FL 33629	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LUPIA, ELIZABETH 1210 DRUID TAMPA FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lussier 3920 Bay Vista Ave W. Tampa, FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLS, BETH 2727 W. FLETCHER AVENUE, APT 26D TAMPA FL 33618	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bermudez, Michelle 839 Greenbell Circle Brandon, FL 33510	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GEARY, CATHY 4409 W. VARN AVENUE TAMPA FL 33616	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Powell, Samantha 8639 N. Himes Ave #2618 Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JONES, JOY 4702 W. IOWA TAMPA FL 33616	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD White, Kari 1219 Tuxford Dr Brandon, FL 33511	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LONG, JANICE 3713 EMPEDRADO TAMPA FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Samantha Powell 2/22/00 813-935-8304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #