## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # N17281 1. Entity Name 05-17-2001 91353 036 \*\*\*\*70.00 THE GFWC TAMPA JUNIOR WOMAN'S CLUB, INC. Principal Place of Business Mailing Address 2901 BAYSHORE BLVD 2901 BAYSHORE BLVD TAMPA FL 33629-7404 TAMPA FL 33616 3. Mailing Address 1990 Bayshore Blvd 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6159892 Not Applicable Zip Country 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 Jamantha Street Address (P.O. Box Number is Not Acceptable) POWELL, SAMANTHA 2901 BAYSHORE BLVD. **TAMPA FL 33616** 8. The above named ent submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. **X** Addition Change Delete TITLE TITLE Grace Smith 1806 Frierson Avenue NAME LUMA, ELIZABETH NAME STREET ADDRESS STREET ADDRESS **1210 DRUID** CITY-ST-7IP Tampa, FL 33610 CITY-ST-ZIP **TAMPA FL 33629** Delete TITLE Change Addition Vickie Dakin 3822 w. sevilla St NAME LUSSIER, 3920 BAY VISTA AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tompa, FL 33629 CITY-ST-ZIP **TAMPA FL 33611** Addition Delete TITLE ☐ Change Cathy Geary 4409 w. Varn Ave BERNUDEZ, MICHELLE NAME STREET ADDRESS STREET ADDRESS 839 GREENBELL CIRCLE CITY-ST-ZIP CITY-ST-ZIP and FL 33616 BRANDON FL 33510 ☐ Defete ☐ Addition Powell, Samantha POWELL, SAMANTHA NAME 8618 Hunter's Key Circle STREET ADDRESS 8639 N. HIMES AVE #2618 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** Delete TITLE **VPD** TITLE ☐ Change ☐ Addition white, Kari STREET ADDRESS STREET ADDRESS 1219 TUXFORD DR CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 emprovered.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

**FILED**