

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90011 001 \*\*\*\*61.25

**DOCUMENT # N18250**

1. Entity Name

**G.F.W.C. PALM HARBOR JUNIOR WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

P O BOX 290  
 PALM HARBOR FL 34682-0290

P O BOX 290  
 PALM HARBOR FL 34682-0290

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

**50-2292228**

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

**BRANDT, MARK W., ESQUIRE**  
**595 MAIN STREET**  
**DUNEDIN FL 33528**

Name

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

City

**FL**

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.

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	<input checked="" type="checkbox"/> Delete
NAME	MCKIBBEN, NANCY	
STREET ADDRESS	401 ULELAH AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWEAT, JENNIFER	
STREET ADDRESS	2084 SWAN LN.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCANLON, PATRICIA	
STREET ADDRESS	3010 ENISGLEN DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEAT, JENNIFER	
STREET ADDRESS	2084 SWAN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President (P) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Sweat	
STREET ADDRESS	2084 Swan Lane	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Vice President (V) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Scanlon	
STREET ADDRESS	3010 Enisglen DR	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Treasurer (T) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Butler	
STREET ADDRESS	16011 Muirfield DR	
CITY-ST-ZIP	Odessa, FL 33550	
TITLE	Secretary (S) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jena Brinkman	
STREET ADDRESS	5488 Stag Thicket Lane	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (88) 926-9620  
 Date Daytime Phone #

CR2E037 (9/99)