

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

0037310

DOCUMENT # N24740

1. Entity Name

GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

03-16-2001 90064 032 ****61.25

Principal Place of Business

Mailing Address

17905 SW 292 ST
 HOMESTEAD FL 33030
 US

P O BOX 900063
 HOMESTEAD FL 33090-053
 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

59-6145856

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

LOSNER, STEVEN D
65 NW 16 STR
HOMESTEAD FL 33030

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, MEDA A	
STREET ADDRESS	18640 SW 295 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNZ, MARY ANNE	
STREET ADDRESS	23600 SW 162 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33021	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KING, ROSE	
STREET ADDRESS	2585 SE 7 PL	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, MILLIE	
STREET ADDRESS	2500 SE 7 PL	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, CONNIE	
STREET ADDRESS	445 SW 26 DR	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORIENSTEIN MARY,	
STREET ADDRESS	32345 SW 200 CRT	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawler, Gloria	
STREET ADDRESS	17901 SW 288 St.(PO Box 924876)	
CITY-ST-ZIP	Princeton, Fl. 33092	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Debra	
STREET ADDRESS	17250 SW 299 St.	
CITY-ST-ZIP	Homestead, Fl. 33030-3326	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bissell, Frances	
STREET ADDRESS	14831 Lincoln Drive	
CITY-ST-ZIP	Homestead, Fl. 33030	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malone, Janice	
STREET ADDRESS	15045 SW-297 Terrace	
CITY-ST-ZIP	Homestead, Fl. 33033	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Connie	
STREET ADDRESS	445 SW 26 Dr.	
CITY-ST-ZIP	Homestead, Fl. 33033	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Evelyn	
STREET ADDRESS	1604 NW 9th Ave.	
CITY-ST-ZIP	Homestead, Fl. 33030	

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: *Frances Bissell* **Bissell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (305) 248-7428

Date

Daytime Phone #

CR2E037 (10/00)