

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35863

1. Entity Name

GWFC CLEARWATER JUNIOR WOMAN'S CLUB, INC.

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 001 ****61.25

Principal Place of Business

Mailing Address

P O BOX 14554
CLEARWATER FL 33766
US

P O BOX 14554
CLEARWATER FL 33766-4554
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, JEANNE
2677 BEDFORD CR
CLEARWATER FL 33761

Name Mary Kale

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

706 Hickory Gate Drive South

City Dunedin

FL

Zip Code 34698

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 *Mary Kale* Mary Kale 4-2-00

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	P	<input type="checkbox"/> Delete
NAME	WAIDLEY, CAROLYN	
STREET ADDRESS	109 JASMINE CIRCLE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENSON, JEANNE	
STREET ADDRESS	2677 REDFORD COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELTON, DALE	
STREET ADDRESS	3043 KEVLIN COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALE, MARY	
STREET ADDRESS	706 HICKORY GATE DRIVE, SOUTH	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENGLER, LORI	
STREET ADDRESS	1429 RIDGE SHORE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANNING, AMY	
STREET ADDRESS	1661 SAN CHARLES DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waidley, Carolyn	
STREET ADDRESS	109 Jasmine Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephenson, Jeanne	
STREET ADDRESS	2677 Redford Court	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Stein	
STREET ADDRESS	1370 Pennsylvania Ave	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kale, Mary	
STREET ADDRESS	706 Hickory Gate Dr., S.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Padavich, Marie	
STREET ADDRESS	907 Kingscote Court	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manning, Amy	
STREET ADDRESS	1661 San Charles Dr	
CITY-ST-ZIP	Dunedin, FL 34698	

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: *Carolyn Waidley* REQUIRED Carolyn Waidley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-727-725-1414

CR2E037 (9/99)

N35863

ATTACHMENT
00054500

Additional Officer

Title: VD

X
Addition

Name Dwyer, Hope

Address 2968 Talon Dr

City, st. zip Clearwater, FL 34621