

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35863

1. Entity Name

GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90104 023 ****61.25

Principal Place of Business

Mailing Address

P O BOX 14554
CLEARWATER FL 33766
US

P O BOX 14554
CLEARWATER FL 33766
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

KALE, MARY
706 HICKORY GATE DRIVE SOUTH
DUNEDIN FL 34698

Name

Lori Engler

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

1429 Ridge Shore Dr.

City

Tarpon Springs

FL

Zip Code

34689

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

Lori L. Engler

4-11-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Change) carolyn waidley 109 Jasmine Circle Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lori Engler 1429 Ridge Shore Dr Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dwyer, Hope 2908 Talon Clearwater, FL 34621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cathy Stein 760 Glengary Lane Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kale, Mary 706 Hickory Gate Dr, S. Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Manning, Amy 1661 San Charles Dr Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

1-727-
725-1414

CR2E037 (10/00)