2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90017 016 ****61.25

DOCUMENT # N37977

1. Entity Name

GFWC WOMAN'S CLUB OF WEST BROWARD, INC.

Principal Place of Business	Mailing Address
2001 NW 82 AVE PEMBROKE PINES FL 33024 US	2001 NW 82 AVE PEMBROKE PINES FL 33024-3512 US

000021230

DO NOT WRITE IN THIS SPACE

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 65-0201214 ☐ 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
BOYD, LINDA 2001 NW 82 AVE PEMBROKE PINES FL 33024	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V PEEPLES, VERA 220 TORCHWOOD AVENUE PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEEPLES, VERA 220 TORCHWOOD AVE. PLANTATION, FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARR, MARGO 11550 SOUTHWEST 39 COURT DAVIE FL 33330	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABRAMS, CLAUDETTE H. 5212 MONROE ST. HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAPLAN, CAROL 551 AUBURN WAY DAVIE FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DECKER, JERI 11440 N.W. 43 ST. CORAL SPRINGS, FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CULVER, DOLORES 949 SW 149 TER SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CULVER, DOLORES 949 SW 149 TERR. SUNRISE, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, LINDA 2001 NW 82 AVE PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GANT, BARBARA 1031 NW 110 AVE. PLANTATION, FL 33322	☐ Change ☒ Addition

CR2E037 (9/99)

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: Claudette H. Abrams (CLAUDETTE H. ABRAMS) 2/9/00 954-961-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #