

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 09, 2001 8:00 am
Secretary of State

02-01-2001 90191 023 ****61.25

DOCUMENT # N37977

1. Entity Name

GFWC WOMAN'S CLUB OF WEST BROWARD, INC.

Principal Place of Business

2001 NW 82 AVE
PEMBROKE PINES FL 33024
US

Mailing Address

2001 NW 82 AVE
PEMBROKE PINES FL 33024
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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEEPLER, VERA 220 TORCHWOOD AVENUE PLANTATION FL 33324	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA P CULVER, DOLORES 949 SW 149 TER SUNRISE FL	☐ Delete
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	T ABRAMS, CLAUDETTE H 5212 MONROE ST HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D PAYNE, BEVERLY 2790 OLD ORCHARD RD. DAVIE, FL 33328	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D GOGGIN, JUDY 2020 NW 82 AVE. PEMBROKE PINES, FL 33024	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D GANT, BARBARA 1031 N.W. 110 AVE. PLANTATION, FL 33322	☐ Change ☒ 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.

Claudette H. Abrams (CLAUDETTE H. ABRAMS) 11/11/01 954-961-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #