

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49402

1. Entity Name

GFWC BJWC, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90126 012 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 66
BRANDON FL 33511

P.O. BOX 66
BRANDON FL 33509-0066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3139771

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, AMY
1004 CHERWOOD LN
BRANDON FL 33511

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 PD
NAME PARDON, LEZLEE
STREET ADDRESS 3510 PINE KNOT DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE VPD
NAME Pardo, Lezlee
STREET ADDRESS 10402 Kankakee Ln
CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

TITLE D
NAME KENNEDY-HANSON, KATHLEEN
STREET ADDRESS 4931 WILLOW RIDGE TERR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME LEE, AMY
STREET ADDRESS 1004 CHERWOOD LN
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PEACOCK, KATHY
STREET ADDRESS 470 E HOOKER ST
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME WHITE, DONELLE
STREET ADDRESS 3719 HARROGATE DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE PD
NAME White, Donelle
STREET ADDRESS 12809 Raysbrook
CITY-ST-ZIP Valrico, FL 33594 ☒ Change ☐ Addition

TITLE SD
NAME GOBLE, BECKY
STREET ADDRESS 505 S ST CLOUD AVE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signed REQUIRED Amy Lee

Date 2/3/00 (813) 684-3209

CR2E037 (9/99)