

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90083 046 \*\*\*\*61.25

**DOCUMENT # N50858**

1. Entity Name  
**GFWC SEMORAN JR. WOMEN'S CLUB, INC.**

Principal Place of Business

1547 S LYONS CT  
 OVIEDO FL 32765  
 US

Mailing Address

1547 S LYONS CT  
 OVIEDO FL 32765-7596  
 US

2. Principal Place of Business

**175 Nandina Ter**  
 Suite, Apt. #, etc.  
**Winter Springs, FL**  
 City & State

3. Mailing Address

**175 Nandina Ter**  
 Suite, Apt. #, etc.  
**Winter Springs FL**  
 City & State



DO NOT WRITE IN THIS SPACE

Zip  
**32708**

Country  
**USA**

Zip  
**32708**

Country  
**USA**

4. FEI Number  
**59-1614043**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEEKS, MARY**  
**159 NANDINA TERR**  
**WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **Janet McKee**  
 Street Address (P.O. Box Number is Not Acceptable)

**175 Nandina Terr**  
 City **Winter Springs FL** Zip Code **32708**

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 **Janet S. McKee**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**20MAR00**  
 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	<b>DP</b> <b>WEEKS, MARY</b> <b>159 NANDINA TERR</b> <b>WINTER SPRINGS FL 32708</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ZEDO, PATTI</b> <b>513 LAKE CHARM CT</b> <b>OVIEDO FL 32765</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>OLAVARRIA, DONNA</b> <b>1547 S LYONS CT</b> <b>OVIEDO FL 32765</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Sarah Faughnan DP</b> <b>142 Nandina Terr</b> <b>Winter Springs, FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Janet S. McKee DT</b> <b>175 Nandina Ter</b> <b>Winter Springs FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: **WADISIFE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20MAR00** **4073657231**  
 Date Daytime Phone #

CR2E037 (9/99)