

4/3/1

## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

04-03-2001 90026 038 \*\*\*\*61.25

DOCUMENT # N51283

1. Entity Name

GFWC TEMPLE TERRACE SERVICE LEAGUE, INC.

Principal Place of Business

P.O. BOX 292793  
TEMPLE TERRACE FL 33687-6147  
US

Mailing Address

P.O. BOX 292793  
TEMPLE TERRACE FL 33687-6147  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3158383

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

Name

JACKSON, KAREN

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

6107 E. 112th Ave.

City

Temple Terrace

FL

Zip Code

33617

CALTAGIRONE, SHARON  
520 GARRARD DR  
TEMPLE TERR. FL 33617

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

KAREN JACKSON

Karen Jackson

2-7-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CALTAGIRONE, SHARON	
STREET ADDRESS	520 GARRARD DR.	
CITY-ST-ZIP	TEMPLE TERR. FL 33617	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CALTAGIRONE, SHARON	
STREET ADDRESS	520 GARRARD DR	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JACKSON, KAREN	
STREET ADDRESS	6107 112TH AVE. EAST	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WARREN, CINDY	
STREET ADDRESS	9705 WOODLAND RIDGE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KAREN	
STREET ADDRESS	6107 E. 112th Ave.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, NORMA	
STREET ADDRESS	505 Royal Greens Drive	
CITY-ST-ZIP	Temple Terrace, Florida 33617	
TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLEY, TERESA	
STREET ADDRESS	309 Sunnyside Rd.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

KAREN JACKSON

2-7-01

Date

813-988-0123

Daytime Phone #

CR2E037 (10/00)