

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90122 043 \*\*\*\*61.25

**DOCUMENT # N93000002254**

1. Entity Name

**FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10000 N. US 98 107  
LAKELAND FL 33809  
US

10000 N. US 98 107  
LAKELAND FL 33809-1035  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3185028**

Applied For

Not Applied

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

**COMELLA, JUDY**

**10000 N. US HWY 98 107**  
**LAKELAND FL 33809**

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

*Judith A. Comella*

**Judith A. Comella Executive Director 1-21-2000**

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	P	<input type="checkbox"/> Delete
NAME	GREER, CAROLYN P	
STREET ADDRESS	1119 OAKDALE STRET	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITH, MARGE	
STREET ADDRESS	10475 SCOTT MILL 9	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIGH, MARGARET	
STREET ADDRESS	1404 WOODSTREAM DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OBRIEN, CLAIRE	
STREET ADDRESS	6427 BRANDON ST	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODINO, FLO	
STREET ADDRESS	3304 PEBBLE BEACH DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VATLAND, KAREN	
STREET ADDRESS	132 ANCHOR DIRVE	
CITY-ST-ZIP	VERO BEACH FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Greer, Carolyn	
STREET ADDRESS	1119 Oakdale Street	
CITY-ST-ZIP	Windermere, Fl. 34786	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Judith A. Comella	
STREET ADDRESS	10,000 N. US Highway 98 #107	
CITY-ST-ZIP	Lakeland, Fl. 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Cora Marshall	
STREET ADDRESS	9298 Butler Blvd.	
CITY-ST-ZIP	Brooksville, Fl. 34613	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Sarah Phillips	
STREET ADDRESS	10460 NW 46th Street	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Vatland	
STREET ADDRESS	132 Anchor Drive	
CITY-ST-ZIP	Vero Beach, Fl. 32963	

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:

*Judith A. Comella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-2000**

Date

**941-815-1646**

Daytime Phone #