

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003189

1. Entity Name

GFWC GOLDEN CITY WOMAN'S CLUB OF SARASOTA, INC.

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

03-29-2000 90080 007 ****61.25

Principal Place of Business

Mailing Address

3226 RINGWOOD MEADOW
SARASOTA FL 34235

3226 RINGWOOD MEADOW
SARASOTA FL 34235-7031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0483784

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

STRODE, BARBARA J
3226 RINGWOOD MEADOW
SARASOTA FL 34235

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 **TD** ☐ Delete
NAME **STRODE, BARBARA J.**
STREET ADDRESS **3226 RINGWOOD MEADOW**
CITY-ST-ZIP **SARASOTA FL 34235**

☐ Change ☐ Addition
TITLE **PRESIDENT-DIRECTOR** ☒ Change ☐ Addition
NAME **ROSE GOFF**
STREET ADDRESS **847 HUDSON AVENUE**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **PD** ☒ Delete
NAME **MCLELLAND, TERRI**
STREET ADDRESS **1922 IRVING ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE **ZVD** ☒ Change ☐ Addition
NAME **JEAN MAHRLE**
STREET ADDRESS **3300 BENEVA ROAD # 225**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **2VD** ☒ Delete
NAME **STINSON, CROLYN**
STREET ADDRESS **3087 BAY ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE **FVPD** ☐ Delete
NAME **WHETZEL, GWEN**
STREET ADDRESS **2805 MAYFLOWER ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **RSD** ☒ Delete
NAME **GOFF, ROSE**
STREET ADDRESS **847 HUDSON AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **RSD** ☒ Change ☐ Addition
NAME **CINDY HENSLEY**
STREET ADDRESS **2706 VALENCIA DRIVE**
CITY-ST-ZIP **SARASOTA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Barbara J. Strode*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

DIRECTOR 3/27/2000

941-

488-6716

Date

Daytime Phone #