

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004719

1. Entity Name

G.F.W.C. WOMAN'S CLUB OF DUNNELLON, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90149 038 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1632
DUNNELLON FL 34430

P.O. BOX 1632
DUNNELLON FL 34430-1632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3212065

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

HULBERT, EDYTHE
8660 S W 205 CIRCLE
DUNNELLON FL 34431

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 ☐ Delete
NAME HULBERT, EDYTHE
STREET ADDRESS 8660 S W 205 CIRCLE
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE VD ☐ Delete
NAME PURCARO, JOAN
STREET ADDRESS 20745 CHESTNUT STREET
CITY-ST-ZIP DUNNELLON FL 34433

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

TITLE TD ☒ Delete
NAME MAGIC, LEATRICE S
STREET ADDRESS 20363 THE GRANADA
CITY-ST-ZIP DUNNELLON FL 34432

TITLE TD ☐ Change ☒ Addition
NAME Doris L Brownell
STREET ADDRESS PO Box 1435
CITY-ST-ZIP Dunnellon, FL 34430-1435

TITLE SD ☐ Delete
NAME AUSTIN, ANN
STREET ADDRESS 11885-A RAINBOW GARDEN CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

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

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: *Doris L Brownell* *Doris L Brownell* 1/10/2000 352 489.4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)