

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002581

1. Entity Name

GWFC AUBURNDALE JUNIOR WOMANS CLUB, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90132 027 ****61.25

Principal Place of Business

243 E. LAKE AVENUE
AUBURNDALE FL 33823

Mailing Address

108 VAN FLEET COURT
AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

HANCOCK, BRENDA
108 VAN FLEET COURT
AUBURNDALE FL 33823

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:

FEES 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 PD ☐ Delete
NAME RODRIGUEZ, ALICE
STREET ADDRESS 1650 TYNER ROAD
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VPD ☐ Delete
NAME HANCOCK, BRENDA
STREET ADDRESS 108 VAN FLEAT CT
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE VPD ☐ Delete
NAME FINDER, GINA
STREET ADDRESS 922 HILLGROVE AVE.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE SD ☐ Delete
NAME SNYDER, LAURA
STREET ADDRESS 646 CREEK RD
CITY-ST-ZIP POLK CITY FL 33868

TITLE TD ☐ Delete
NAME HALL, SANDRA
STREET ADDRESS 1229 KEYSTONE CT
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Brenda Hancock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-01 863-967-3557

CR2E037 (10/00)