

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003636

1. Entity Name

GFWC WILLISTON WOMAN'S CLUB, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90078 034 ****61.25

Principal Place of Business

Mailing Address

1049 N.E. 6TH BLVD.
WILLISTON FL 32696

P.O. BOX 183
WILLISTON FL 32696-0183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3144638

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

CASON, MARION
1021 S.E. 8TH STREET
WILLISTON FL 32696

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 PHILPOT, B
STREET ADDRESS 4851 NE 185TH AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE PD ☐ Change ☒ Addition
NAME Cason, Marion G.
STREET ADDRESS 1021 SE 8TH ST.
CITY-ST-ZIP williston, FL 32696

TITLE VD ☒ Delete
NAME STATHAM, L
STREET ADDRESS 142 NW 2ND AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE VD ☐ Change ☒ Addition
NAME STEVENS, Becki
STREET ADDRESS 6051 NE 185th Terr.
CITY-ST-ZIP williston, FL

TITLE SD ☐ Delete
NAME SUMMERS, TERRY
STREET ADDRESS 13350 NE 60TH STREET
CITY-ST-ZIP WILLISTON FL 32696

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

TITLE TD ☒ Delete
NAME CASON, MARION G
STREET ADDRESS 1021 SE 8TH STREET
CITY-ST-ZIP WILLISTON FL 32696

TITLE TD ☐ Change ☒ Addition
NAME Owens, Sylvia
STREET ADDRESS 14751 E. Levy ST.
CITY-ST-ZIP williston, FL 32696

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:

Signature of Marion G. Cason

4/7/00

352-528-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)