

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006000

1. Entity Name

G.F.W.C. NAPLES JUNIOR WOMEN'S CLUB, INC.

R

FILED
Sep 19, 2000 8:00 am
Secretary of State

06-21-2000 90002 023 ****61.25

Principal Place of Business

POST OFFICE BOX 2704
 NAPLES FL 34106
 US

Mailing Address

POST OFFICE BOX 2704
 NAPLES FL 34106
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0642482

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

SITTA, SALLY
 646 ORCHID DRIVE
 NAPLES FL 34102

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)

Kimberly Payne
 Paid 6/11 Check # 07116
 FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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 DP ☒ Delete
 NAME SCHWARTZ, LISA
 STREET ADDRESS 2093 SEVILLA WAY
 CITY-ST-ZIP NAPLES FL 34109

TITLE DP ☒ Change ☐ Addition
 NAME Sally Schaefer
 STREET ADDRESS 7626 San Sebastian Way
 CITY-ST-ZIP Naples, FL 34109

TITLE DV ☒ Delete
 NAME SCHOEPPER, SANDY
 STREET ADDRESS 7626 SAN SEBASTIAN WAY
 CITY-ST-ZIP NAPLES FL 34109

TITLE DV ☒ Change ☐ Addition
 NAME Lynette Coffey
 STREET ADDRESS 2004 Prince Dr
 CITY-ST-ZIP NAPLES, FL 34110

TITLE DV ☒ Delete
 NAME WATERS, ANN
 STREET ADDRESS 6902 COMPTON LANE S.
 CITY-ST-ZIP NAPLES FL 34104

TITLE DV ☒ Change ☐ Addition
 NAME Beth Plant
 STREET ADDRESS 5992 Cypress Point Dr
 CITY-ST-ZIP Naples, FL 34134

TITLE D ☒ Delete
 NAME MESSINA, KATHY
 STREET ADDRESS 2117 MISSION DR
 CITY-ST-ZIP NAPLES FL 34109

TITLE DV ☒ Change ☐ Addition
 NAME Lynne Fraser
 STREET ADDRESS 4371 Bittern Ct
 CITY-ST-ZIP Naples, FL 34119

TITLE DT ☒ Delete
 NAME LEPORE, LINDA
 STREET ADDRESS 7715 GROVES RD.
 CITY-ST-ZIP NAPLES FL 34109

TITLE DT ☒ Change ☐ Addition
 NAME Kimberly Payne
 STREET ADDRESS 6300 Huntington Lakes Circle
 CITY-ST-ZIP Naples, FL 34119

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:

Kimberly Payne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)