

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000006000**

1. Entity Name

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

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90013 035 ****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

Zip

Country

Zip

Country

4. FEI Number

65-0642482

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

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)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VON SCHREINER VALENTI MIMI
2003 DEERFIELD CIRCLE
NAPLES FL 34119 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PFENT, ELIZABETH
5992 CYPRESSWAY
BONITA SPRINGS FL 34134 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ST. LAURENT, PAMELA
5135 COBBLE CREEK CT B 102
NAPLES FL 34110 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DEBORAH WEIDNER
11037 LONGSHORE WAY WEST
NAPLES, FL 34119 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Pamela St. Laurent*

SIGNATURE REQUIRED 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-561-2000
Date Daytime Phone #

CR2E037 (10/00)