

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002865

1. Entity Name

GFWC BAYSIDE WOMAN'S CLUB, INC.

Principal Place of Business

1001 HIGHLAND AVE. N.E.
LARGO FL 33770

Mailing Address

1001 HIGHLAND AVE. N.E.
LARGO FL 33770-1610

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

59-3403377

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

TAYLOR, JOHN S III
1001 HIGHLAND AVE. N.E.
LARGO FL 33770

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, MARY ANN	
STREET ADDRESS	1690 KEENE ROAD SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTZ, JUDY	
STREET ADDRESS	1312 MORELAND DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, MARY T	
STREET ADDRESS	12203 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Ann Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-00

727-584-4066

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90056 015 ****61.25

C0006786



DO NOT WRITE IN THIS SPACE