

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90069 032 \*\*\*\*61.25

**DOCUMENT # 711250**

1. Entity Name

**PUNTA GORDA GARDEN CLUB, INC.**

Principal Place of Business

Mailing Address

3438 PENNYROYAL RD  
 PORT CHARLOTTE FL 33953-4603  
 US

3438 PENNYROYAL RD  
 PORT CHARLOTTE FL 33953-4603  
 US

00049159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1612027**

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

**CURHOW, LIBBY**  
**3438 PENNYROYAL RD**  
**PORT CHARLOTTE FL 33953-4603**

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  Delete  
 NAME **P**  
**CURNOW, LIBBY**  
 STREET ADDRESS **3438 PENNYROYAL RD**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953-4603**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**BIGGS, CAROL**  
 STREET ADDRESS **1368 JACANNA CT**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950-7635**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**HONOUR, CAROLYN**  
 STREET ADDRESS **1211 CORONADO DR**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950-6307**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**WEST, AGNES**  
 STREET ADDRESS **2490 PALM TREE DR**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE  Change  Addition  
 NAME **D**  
**Teddy Bei**  
 STREET ADDRESS **1345 Sheehan Blvd**  
 CITY-ST-ZIP **Port Charlotte, FL**

TITLE  Delete  
 NAME **V**  
**WALTER, JUNE**  
 STREET ADDRESS **24300 AIRPORT RD #165**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950-6920**

TITLE  Change  Addition  
 NAME **D**  
**Francine Herlovich**  
 STREET ADDRESS **611 Drury Lane**  
 CITY-ST-ZIP **Punta Gorda, FL**

TITLE  Delete  
 NAME **D**  
**FOWLER, JEANETTE**  
 STREET ADDRESS **1250 WEST MARION AVE, #341**  
 CITY-ST-ZIP **PUNTA GORDA FL**

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: *Carolyn Honour* SIGNATURE REQUIRED: *CAROLYN HONOUR* 3-28-00 941-575-8259  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #