

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90061 023 \*\*\*\*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~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Bayfront Center**

3. Mailing Address

**P.O. Box 51167**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**250 W. RETTA Esplanade**

City & State

City & State

**PUNTA GORDA, FL.**

**PUNTA GORDA, FL.**

4. FEI Number

**59-1612027**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33950**

**CHARLOTTE**

**33951-1167**

**CHARLOTTE**

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  
**CAROLYN HONOUR**

Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 1211 Coronado Dr.**

City  
**PUNTA GORDA**

FL

Zip Code  
**33950**

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 *Carolyn Honour, President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**02-21-02**

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	Change	Addition
P	CURNOW, LIBBY	3438 PENNYROYAL RD	PORT CHARLOTTE FL 33953-4603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	BIGGS, CAROL	1368 JACANNA CT	PUNTA GORDA FL 33950-7635	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	HONOUR, CAROLYN	1211 CORONADO DR	PUNTA GORDA FL 33950-6307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BEI, TEDDY	1345 SHEEHAN BLVD	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WALTER, JUNE	24300 AIRPORT RD #165	PUNTA GORDA FL 33950-6920	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HERLOVICH, FRANCINE	611 DRURY LANE	PUNTA GORDA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	CAROLYN HONOUR	1211 CORONADO DR.	PUNTA GORDA, FL. 33950-6307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ANNE SIMPSON	421 FIREBALL CT	PUNTA GORDA, FL. 33950-4008	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	LIBBY CURNOW	3438 PENNYROYAL RD	PT. CHARLOTTE, FL. 33953-4603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	LIBBY CURNOW	3438 PENNYROYAL RD	PT. CHARLOTTE, FL. 3395-4603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	EMILY NAYLOR	210 HARVEY ST.	PUNTA GORDA, FL. 33950-4411	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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* **CAROLYN HONOUR** **2-21-02** **941-525-8259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)