2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738988

1. Entity Name

GARDEN CLUB OF JACKSONVILLE, INCORPORATED

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90041 049 ****61.25

Principal Place of Business	Mailing Address
1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204	1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4122

DO NOT WRITE IN THIS SPACE

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 59-0520717 ☐ 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
BRICKELL, SALLY B 1005 RIVERSIDE AVE JACKSONVILLE FL 32204	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	P ARNOLD, BARBARA 4745 ORTEGA BLVD JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MC CAULIE, EUNICE 2836 Ionic Avenue Jacksonville, FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP GIRGIS, RUBY 2797 FENNEL AVENUE MIDDLEBURG FL 32064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP HALLEY, ELLIE One Railroad Vine Amelia Island Plantation, FL 32034	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP WALLACE, PAT 7004 52 NROTH SABASTIAN AVENUE JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP HOSTETTER, BETTY 2015 Woodleigh Drive W. Jacksonville, FL 32211	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GREEN, MARY 2600 RIVER ROAD JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GIRGIS, RUBY 2797 Fennel Avenue Middleburg, FL 32068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MC CAULIE, EUNICE 2836 IONIC AVE. JAX FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/PRESIDENT MC CAULIE, EUNICE 2836 Ionic Avenue Jacksonville, FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRICKELL, SALLY 6750 LAPOMA DRIVE JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRICKELL, SALLY 6750 Lapoma Drive Jacksonville, FL 32217	☑ Change ☐ Addition

Lahoma Dr.

CR2E037 (9/99)

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: Sally B. Brickell REQUIRED Sally B. Brickell 2/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #