2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State
07-20-2001 90007 021 ****61.25

DOCUMENT # 738988

1. Entity Name

GARDEN CLUB OF JACKSONVILLE, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1005 Riverside Ave.	1005 Riverside Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl
Zip: 32204 Country: USA	Zip: 32204 Country: USA

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: Helen S. Howarth Street Address (P.O. Box Number is Not Acceptable): 1005 Riverside Ave. Jacksonville, Fl. 32204 City: FL Zip Code: 32204

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: Helen S. Howarth — Helen S. Howarth
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
After September 12, 2001, min. will be $236.25

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	1V HALLEY, ELLIE ONE RAILROAD VINE AMELIA ISLAND PLANTATION FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President McEuen, Dr. Marianne D 3041 Doctors Lake Dr. Orange Park, Fl. 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GIRGIS, RUBY 2797 FENNEL AVENUE MIDDLEBURG FL 32068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice Pres. Kirby, Virginia D 4155 Venetia Blvd. Jacksonville, Fl. 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V HOSTETTER, BETTY 2015 WOODLEIGH DR W JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice Pres. Jorgensen, Faith D 8132 Hollyridge Rd. Jacksonville, Fl. 32256	☑ 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	Secretary Lumpkin, Cheryl D 4642 Confederate Oaks Dr. Jacksonville, 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MC CAULIE, EUNICE 2836 IONIC AVE. JAX FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Treas. Mahon, Nancy D 1440 Beach Ave. Atlantic Beach, Fl. 32233	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRICKELL, SALLY 6750 LAHOMA DR JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. Howarth, Helen S. D 1253 Westlawn Dr. Jacksonville, Fl. 32211	☑ Change ☐ Addition

CR2E037 (5/01)

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: Helen S. Howarth SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1-904-725-3847 (Home)
1-904-355-4224 (G.C.) JAA