2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90075 008 ****61.25

DOCUMENT # N07542

1. Entity Name

THE CAMELLIA AND GARDEN CLUB OF TALLAHASSEE, FLO

Principal Place of Business	Mailing Address
P.O. BOX 201 P O BOX 201 TALLAHASSEE FL 32302 US	P.O. BOX 201 P O BOX 201 TALLAHASSEE FL 32302 US

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 59-2500617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, HOWARD L
7011 BUCK LAKE RD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name MAPHIS, CARL R.
Street Address (P.O. Box Number is Not Acceptable)
1996 CHARLAIS ST
City TALLAHASSEE **FL** Zip Code 32311

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 Carl R. Maphis CARL R. MAPHIS, PRESIDENT 4-6-01
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	PD NORTHCUTT, ED 3013 BROOKMONT DR TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAPHIS, RANDOLPH 1996 CHARLAIS ST TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAWRENCE, STEVE 8030 BERNARD ST TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHARPE, MARY M 7020 APALACHEE PKWY TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RHODES, HOWARD L. 7011 BUCK LAKE RD TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RHODES, HOWARD L 7011 BUCK LAKE RD TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAPHIS, CARL R. 1996 CHARLAIS ST TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE, GAYLE 8030 BERNARD STREET TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RHODES, MARY 7011 BUCK LAKE RD TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Gayle Lawrence REQUIRED GAYLE LAWRENCE 4-11-01 487-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #