

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90603 017 ****61.25

DOCUMENT # N07542

1. Entity Name

THE CAMELLIA AND GARDEN CLUB OF TALLAHASSEE, FLORIDA, INC.

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

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

7. Name and Address of New Registered Agent

MAPHIS, CARL R
1996 CHARLAIS STREET
TALLAHASSEE FL 32311

Name

MAPHIS, CARL R.

Street Address (P.O. Box Number is Not Acceptable)

1996 CHARLAIS STREET

City

TALLAHASSEE

FL

Zip Code

32317

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

4-2-02

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 PD ☒ Delete
NAME NORTH CUTT, ED
STREET ADDRESS 3013 BROOKMONT DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE PD ☐ Change ☒ Addition
NAME GUARISCO, PETER
STREET ADDRESS 3350 W. LAKE SHORE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VP ☒ Delete
NAME LAWRENCE, STEVE
STREET ADDRESS 8030 BERNARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VP ☐ Change ☒ Addition
NAME SKELTON, DAVID
STREET ADDRESS 709 PIEDMONT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE PD ☐ Delete
NAME RHODES, HOWARD L
STREET ADDRESS 7011 BUCK LANE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32317

TITLE P ☐ Delete
NAME MAPHIS, CARL R
STREET ADDRESS 1996 CHARLAIS STREET
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32317

TITLE T ☐ Delete
NAME LAWRENCE, GAYLE
STREET ADDRESS 8030 BERNARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32317

TITLE S ☐ Delete
NAME RHODES, MARY
STREET ADDRESS 7011 BUCK LAKE RD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32317

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

523-3232

Daytime Phone #

CR2E037 (9/01)