

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 22, 2001 8:00 am
Secretary of State

04-13-2001 90051 037 ****61.25

DOCUMENT # N25637

1. Entity Name

JASMINE GARDEN CLUB, INC.

Principal Place of Business

C/O MARION HOUSE
3409 AVOCADO DR
FT. MYERS FL 33901-7701
US

Mailing Address

C/O MARION HOUSE
3409 AVOCADO DR
FT. MYERS FL 33901-7701
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

65-0069812

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

GORE, JUDY
1334 GASPARILLA DR
FT MYERS FL 33901

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	P	☐ Delete
NAME	HOUSE, MARION	
STREET ADDRESS	3409 AVOCADO DR	
CITY-ST-ZIP	FT MYERS FL 33901-7701	
TITLE	V	☐ Delete
NAME	KLEMP, WENDY	
STREET ADDRESS	16992 TIMBERLAKES DR SW	
CITY-ST-ZIP	FORT MYERS FL 33908-5322	
TITLE	SD	☐ Delete
NAME	EDMONDS, MARY	
STREET ADDRESS	14360 BIGELOW RD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DS	☐ Delete
NAME	BUJTAS, NANCY	
STREET ADDRESS	6064 TIMBERWOOD CIRCLE #305	
CITY-ST-ZIP	FORT MYERS FL 33908-4454	
TITLE	TD	☐ Delete
NAME	BUTCHER, ELLEN	
STREET ADDRESS	5312 CHIPPENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919-2204	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT -D	☒ Change ☐ Addition
NAME	AMANDA JARRETT	
STREET ADDRESS	1408 VENDOME CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904-9720	
TITLE	VP	☐ Change ☐ Addition
NAME	JUDY GORE -D	
STREET ADDRESS	1334 GASPARILLA DR	
CITY-ST-ZIP	FT MYERS FL 33901-2241	
TITLE	CORRES. SEC.	☒ Change ☐ Addition
NAME	EVELYN STUBBS REDING -D	
STREET ADDRESS	5647 SCHADDELEE LANE W.	
CITY-ST-ZIP	FT MYERS FL 33919-2542	
TITLE	REC. SEC.	☒ Change ☐ Addition
NAME	JOANNE GADE -D	
STREET ADDRESS	5931 GREY FOX RUN	
CITY-ST-ZIP	FT MYERS, FL 33918-2241	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-9-01 941-433-3668