

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90370 013 ****61.25

DOCUMENT # N25637

1. Entity Name

JASMINE GARDEN CLUB, INC.

Principal Place of Business

Mailing Address

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

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

00073000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/o Judy Gore
 Suite, Apt. #, etc.
 1334 Gasparilla Dr.

C/o Judy Gore
 Suite, Apt. #, etc.
 1334 Gasparilla Dr.

City & State
 Ft. Myers, FL

City & State
 Ft. Myers, FL

4. FEI Number

65-0069812

Applied For

Not Applicable

Zip
 33901

Country
 USA

Zip
 33901

Country
 USA

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 PD ☒ Delete
 NAME JARRETT, AMANDA
 STREET ADDRESS 1408 VENDOME CT
 CITY-ST-ZIP CAPE CORAL FL 33904-9720

TITLE P ☒ Change ☐ Addition
 NAME Gore, Judy
 STREET ADDRESS 1334 Gasparilla Drive
 CITY-ST-ZIP Ft Myers, FL 33901

TITLE VPD ☒ Delete
 NAME GORE, JUDY
 STREET ADDRESS 1334 GASPARILLA DRIVE
 CITY-ST-ZIP FORT MYERS FL 33901-2241

TITLE VP ☒ Change ☐ Addition
 NAME Lose, Betty
 STREET ADDRESS 11271 Tamarind Cay Ln. #1604
 CITY-ST-ZIP Ft Myers, FL 33908

TITLE CSD ☐ Delete
 NAME STUBBS-REDING, EVELYN
 STREET ADDRESS 5647 SCHADDELEE LANE W
 CITY-ST-ZIP FORT MYERS FL 33919-2542

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

TITLE RSD ☐ Delete
 NAME GAEDE, JOANNE
 STREET ADDRESS 5931 GREY FOX RUN
 CITY-ST-ZIP FORT MYERS FL 33912-2241

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

TITLE TD ☐ Delete
 NAME BUTCHER, ELLEN
 STREET ADDRESS 5312 CHIPPENDALE CIRCLE
 CITY-ST-ZIP FORT MYERS FL 33919-2204

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Ellen Butcher* **DEQUEEN Butcher**

4.12.02

239-481-7851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)