

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N96000004103**

1. Entity Name  
**CLERMONT GARDEN CLUB, INC.**

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90005 021 \*\*\*\*61.25

Principal Place of Business: **849 WEST AVENUE CLERMONT FL 3471-2**  
Mailing Address: **POST OFFICE BOX 121322 CLERMONT FL 34712-1322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **NOT APPLICABLE**  
Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOTCH, BETTY**  
**11634 NELLIE OAKS BEND**  
**CLERMONT FL 34711-7800**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BOWERS, BECKY</b>	
STREET ADDRESS	<b>21518 EL VIENTO</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711-9339</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>MACKEY, MARIE</b>	
STREET ADDRESS	<b>3728 STATE RD. 33</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736-8929</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>KOTCH, BETTY</b>	
STREET ADDRESS	<b>11634 NELLIE OAKS BEND</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>ALLBRIGHT, JOY</b>	
STREET ADDRESS	<b>969 LAKESHORE DR.</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711-2931</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betty Kotch* RECEIVED **KOTCH** 4/24/00 (352) 242-9304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)