

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # N99000007087

1. Entity Name

THE GARDEN CLUB OF CORAL SPRINGS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-06-2000 90006 036 ****61.25

Principal Place of Business
12167 N.W. 9TH PLACE
CORAL SPRINGS FL 33071

Mailing Address
12167 N.W. 9TH PLACE
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0955256
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

PERRY, LORENE
12166 N.W. 9TH PLACE
CORAL SPRINGS FL 33071

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 *Lorene Perry* LORENE PERRY, RECORDING SECRETARY 3/30/00
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	PRESIDENT	☐ Delete
NAME	MARCY DIMARE	
STREET ADDRESS	12167 NW 9TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	KIT SCHULMAN	
STREET ADDRESS	12065 NW 9TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TREASURER	☐ Delete
NAME	KAY GRACE	
STREET ADDRESS	6249 NW 120th DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33076	
TITLE	RECORDING SECRETARY	☐ Delete
NAME	LORENE PERRY	
STREET ADDRESS	12166 NW 9TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	CORRESPONDING SECRETARY	☐ Delete
NAME	KAREN NERSH	
STREET ADDRESS	2117 PINEBURST WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: *Marcy Dimare* 3-30-2000 954-253-9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)