

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05720

1. Entity Name

DAVIS ISLANDS GARDEN CLUB

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90122 006 ****70.00

Principal Place of Business

81 COLUMBIA DRIVE
TAMPA FL 33606

Mailing Address

81 COLUMBIA DRIVE
TAMPA FL 33606-3584

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

59-1482942

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

SKOEN, MRS CLARENCE E
828 S DAVIE BLVD
TAMPA FL 33606

Name **NANCY SAVAGE**

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

City **TAMPA**

FL

Zip Code **33606**

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 **NANCY C. SAVAGE**
Nancy C. Savage TREASURIER

1/7/00

FILE NOW:

FEE IS \$61.25

61.25
8.75
70.00

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 checked="" type="checkbox"/> Delete
NAME	SKOEN, JEAN	
STREET ADDRESS	828 S DAVIE BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ANN	
STREET ADDRESS	1906 W ST ISABEL	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARIA	
STREET ADDRESS	524 W DAVID BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	WATKINS, JOANNE	
STREET ADDRESS	429 W DAVIS ST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, DOTTIE	
STREET ADDRESS	3606 GUNLOCK AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PERDIGON, SYLVIA	
STREET ADDRESS	26 FORMOSA AVE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN RODRIGUEZ	
STREET ADDRESS	650 RIVIERA DR.	
CITY-ST-ZIP	TAMPA, FL 33606-3810	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE BEDAMI	
STREET ADDRESS	5396 Gulf Blvd. #410	
CITY-ST-ZIP	St Petersburg Beach, FL 33706-2302	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOTTIE WOMBLE	
STREET ADDRESS	206 CHIPPEWA AVE.	
CITY-ST-ZIP	TAMPA, FL 33606-3612	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY SAVAGE	
STREET ADDRESS	90 Adalia Ave	
CITY-ST-ZIP	TAMPA, FL 33606-3341	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARI SPENCER	
STREET ADDRESS	PO Box 66	
CITY-ST-ZIP	Odessa, FL 33556-0066	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia PERDIGON	
STREET ADDRESS	26 FORMOSA AVE	
CITY-ST-ZIP	TAMPA, FL 33606-3835	

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: **NANCY C. SAVAGE**
Nancy C. Savage REQUIRED

1/7/00

(813)
254-0562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)