

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90021 033 \*\*\*\*\*70.00

**DOCUMENT # N05720**

1. Entity Name

**DAVIS ISLANDS GARDEN CLUB**

Principal Place of Business

Mailing Address

COLUMBIA DRIVE  
 TAMPA FL 33606

81 COLUMBIA DRIVE  
 TAMPA FL 33606

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

**SAVAGE, NANCY**  
**90 ADALIA AVENUE**  
**TAMPA FL 33606**

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 - NAME	PD RODRIGUEZ, EVELYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BAYSHORE BLVD, #1505	
CITY-ST-ZIP	TAMPA FL 33629-8845	
TITLE - NAME	VD BEDAMI, JEANNE	<input type="checkbox"/> Delete
STREET ADDRESS	5396 GULF BOULEVARD #410	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706-2302	
TITLE - NAME	ASD WOMBLE, DOTTIE	<input type="checkbox"/> Delete
STREET ADDRESS	206 CHIPPEWA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606-3612	
TITLE - NAME	TD SAVAGE, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	90 ADALIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606-3341	
TITLE - NAME	PD SPENCER, SHARI	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	ODESSA FL 33556-0066	
TITLE - NAME	VD PERDIGON, SYLVIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	26 FORMOSA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606-3835	

TITLE - NAME	Vice President/Director Dottie Myers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3606 So. Gunlock Ave.	
CITY-ST-ZIP	Tampa, FL 33629-7946	
TITLE - NAME	PRESIDENT/Director P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	Vice President/Director V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	Corresponding Secty/Director Carolyn Boggs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	599 Marmora Ave.	
CITY-ST-ZIP	Tampa, FL 33606-3922	
TITLE - NAME	Recording Secretary/Director CONNIE Urso	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	543 Lucerne	
CITY-ST-ZIP	Tampa, FL 33606-4034	

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 SAVAGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/02 (813) 254-0562**

Date Daytime Phone #

CR2E037 (9/01)