

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91487 038 ****61.25

DOCUMENT # N96000004103

1. Entity Name

CLERMONT GARDEN CLUB, INC.

Principal Place of Business

**849 WEST AVENUE
 CLERMONT FL 34712**

Mailing Address

**POST OFFICE BOX 121322
 CLERMONT FL 34712**

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

NOT APPLICABLE

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

**KOTCH, BETTY
 11634 NELLIE OAKS BEND
 CLERMONT FL 34711-7800**

Name

MARSHALL, HAZEL

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

1611 DREW AVE.

CLERMONT, FL. 34711

City

FL

34711

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 **D** ☐ Delete
 NAME **WARE, LOIS**
 STREET ADDRESS **11400 CYPRESS DR**
 CITY-ST-ZIP **CLERMONT FL 34711-9339**

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

TITLE **D** ☐ Delete
 NAME **MACKEY, MARIE**
 STREET ADDRESS **3728 STATE RD. 33**
 CITY-ST-ZIP **GROVELAND FL 34736-8929**

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

TITLE **CSD** ☐ Delete
 NAME **KOTCH, BETTY**
 STREET ADDRESS **11634 NELLIE OAKS BEND**
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **VPD** ☒ Delete
 NAME **STARLING, PHYLLIS**
 STREET ADDRESS **9800 SPRING LAKE DR.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **2ND VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **HOLMAN, CATHY**
 STREET ADDRESS **12817 BROWN BARK TRAIL**
 CITY-ST-ZIP **CLERMONT, FL 34711-1106**

TITLE **SD** ☐ Delete
 NAME **ARMAN, MARY**
 STREET ADDRESS **2138 HELMSLEY CIR.**
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **TD** ☐ Delete
 NAME **MARSHALL, HAZEL**
 STREET ADDRESS **1611 DREW AVE**
 CITY-ST-ZIP **CLERMONT FL 34711**

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:

HAZEL MARSHALL

4/17/2002 352-394-2724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)