

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90279 002 \*\*\*\*70.00

**DOCUMENT # N05720**

1. Entity Name

**DAVIS ISLANDS GARDEN CLUB**



Principal Place of Business

**81 COLUMBIA DRIVE  
TAMPA FL 33606**

Mailing Address

**81 COLUMBIA DRIVE  
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1482942**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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**

**8.75  
70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete  
NAME **MYERS, DOTTIE**  
STREET ADDRESS **3606 SO GUNLOCK AVE**  
CITY-ST-ZIP **TAMPA FL 33629-7948**

TITLE **CONNIE URSO** ☐ Change ☒ Addition  
NAME **543 LUCERNE AVE.**  
STREET ADDRESS **TAMPA, FL 33606-4034**  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **BEDAMI, JEANNE**  
STREET ADDRESS **5396 GULF BOULEVARD #410**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33708-2302**

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

TITLE **VD** ☐ Delete  
NAME **WOMBLE, DOTTIE**  
STREET ADDRESS **208 CHIPPEWA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33606-3612**

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

TITLE **TD** ☐ Delete  
NAME **SAVAGE, NANCY**  
STREET ADDRESS **90 ADALIA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33606-3341**

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

TITLE **PD** ☐ Delete  
NAME **SPENCER, SHARI**  
STREET ADDRESS **P.O. BOX 86**  
CITY-ST-ZIP **ODESSA FL 33556-0068**

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

TITLE **CSD** ☐ Delete  
NAME **BOGGS, CAROLYN**  
STREET ADDRESS **599 MARMARA AVE**  
CITY-ST-ZIP **TAMPA FL 33606-3922**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)