

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90049 016 ****61.25

DOCUMENT # 704092

1. Entity Name

SARASOTA GARDEN CLUB, INCORPORATED

Principal Place of Business

**1131 BOULEVARD OF THE ARTS
SARASOTA FL 34236**

Mailing Address

**1131 BOULEVARD OF THE ARTS
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0968250

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

**LAWRENCE, JANE D
2644 MOSS OAK DRIVE
SARASOTA FL 34231**

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 ☒ Delete
NAME **S**
STREET ADDRESS **COOK, D MRS.**
CITY-ST-ZIP **3300 DUNCAN AVE
SARASOTA FL 34239**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **ATKINS, J MRS**
CITY-ST-ZIP **2103 Muskogee Tr,
Nokomis FL 34275**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **HORN, MARIE**
CITY-ST-ZIP **4954 SEA ISLAND AVE
SARASOTA FL 34234**

TITLE ☐ Change ☒ Addition
NAME **Vice Pres.**
STREET ADDRESS **MOSCHINI, SANDY**
CITY-ST-ZIP **426 Cleveland Dr
SARASOTA, FL 34236**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **BURNS, D MRS**
CITY-ST-ZIP **4647 GLEBE FARM ROAD
SARASOTA FL 34235**

TITLE ☐ Change ☒ Addition
NAME **V.**
STREET ADDRESS **JOHNSON, M MRS.**
CITY-ST-ZIP **2323 Okobee Dr
SARASOTA FL 34239**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LAWRENCE, JANE D**
CITY-ST-ZIP **2644 MOSS OAK DRIVE
SARASOTA FL 34231**

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

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **MERCER, FLORENCE**
CITY-ST-ZIP **7442 OAK MOSS DR
SARASOTA FL**

TITLE ☐ Change ☒ Addition
NAME **P.**
STREET ADDRESS **MURPHY, B. Mrs**
CITY-ST-ZIP **1222 Sea Plume Way
SARASOTA, FL 34242**

TITLE ☐ Delete
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:

Jane D. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE D. LAWRENCE

3/30/02

(941) 955-0875
Date Daytime Phone #

CR2E037 (9/01)