

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90133 022 ****61.25

DOCUMENT # 704337

1. Entity Name

LEMON BAY GARDEN CLUB INC

Principal Place of Business

Mailing Address

480 YALE ST
 ENGLEWOOD FL 34223
 US

PO BOX 1176
 ENGLEWOOD FL 34295-1176
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6169744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCUDDER, JEAN H
12 STONE MOUNTAIN BLVD
ENGLEWOOD FL 34223

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	TD	<input type="checkbox"/> Delete
NAME	SCUDDER, JEAN	
STREET ADDRESS	12 STONE MOUNTAIN BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BREWER, RUTH	
STREET ADDRESS	30 DOMINICA DR	
CITY-ST-ZIP	ENFLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COATS, HELEN	
STREET ADDRESS	89 MARK TWAIN LN	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOULTER, DOROTHY	
STREET ADDRESS	1655 A GOLF BLVD.	
CITY-ST-ZIP	ENFLEWOOD FL 34224	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAASE, DOROTHY	
STREET ADDRESS	6796 GASPARILLA PINES BLVD #52	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACELHINEY, AUDREY	
STREET ADDRESS	4 SPORTSMAN LN	
CITY-ST-ZIP	ROTONDA WEST FL 33947	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coats, Helen	
STREET ADDRESS	89 Mark Twain Lane	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cholius, Sarah	
STREET ADDRESS	944 Suncrest Lane	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Carol	
STREET ADDRESS	853 East 7th St.	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hobbins, Audrey	
STREET ADDRESS	1184 Horizon Rd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomney, Barbara	
STREET ADDRESS	291 Mariner Lane	
CITY-ST-ZIP	Rotonda West, FL 33947	

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: JEAN H SCUDDER 4/13/00 941-475-9468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)