

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707140

1. Entity Name

TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90158 014 ****61.25

Principal Place of Business

Mailing Address

2629 BAYSHORE BLVD
TAMPA FL 33629

2629 BAYSHORE BLVD
TAMPA FL 33629-7317

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

59-0602950

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

NICHOLSON, CAROLYN
2604 JETTON AVE
TAMPA FL 33629

AGNES (LOLLIE) SCOTT
4606 W. KENSINGTON AVE.
TAMPA, FL 33629

Name

AGNES (LOLLIE) SCOTT

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

4606 W. KENSINGTON AVE.

TAMPA, FL

City

FL

Zip Code

33629

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

Agnes (Lollie) Scott

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	PD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, JOSIE	
STREET ADDRESS	4202 CORONA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEE, FAYE B	
STREET ADDRESS	3311 W. CORONA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, LOLLIE	
STREET ADDRESS	4606 W. Kensington Ave.	
CITY-ST-ZIP	4325 DUNMORE AVE, APT 12 TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLACK, EMILY	
STREET ADDRESS	4611 HAWTHORNE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COMES, DEAN	
STREET ADDRESS	4710 VASCONIA	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LOLLIE	
STREET ADDRESS	4606 W. KENSINGTON AVE.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORES, DONALD	
STREET ADDRESS	4307 W. KENSINGTON AVE.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, DENISE	
STREET ADDRESS	2516 MORRISON AVE.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEATLEY, FAYE	
STREET ADDRESS	811 APRIL LANE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Emily Black REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

813 837-3059

Daytime Phone #

CR2E037 (9/99)