

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90005 014 ***183.75

DOCUMENT # 707140

1. Entity Name

TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.

Principal Place of Business

2629 BAYSHORE BLVD
TAMPA FL 33629

Mailing Address

2629 BAYSHORE BLVD
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0602950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGNES, LOUIE S
4606 W KENSINGTON AVE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name **AGNES (Lollie) Scott**

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

4606 W. Kensington Ave.

City **Tampa**

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, President

Agnes (Lollie) Scott

DATE

7/8/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE **PD** ☐ Delete
NAME **SCOTT, LOLLIE**
STREET ADDRESS **4606 W KENSINGTON AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☐ Delete
NAME **NORES, DONALD**
STREET ADDRESS **4307 W KENSINGTON AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☐ Delete
NAME **RASMUSSEN, DEWIE**
STREET ADDRESS **2516 MORRISON AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **TD** ☒ Delete
NAME **BLACK, EMILY**
STREET ADDRESS **4611 HAWTHORNE**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☐ Delete
NAME **WHEATLEY, FAYE**
STREET ADDRESS **811 APRIL LANE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Scott, Lollie**
STREET ADDRESS **4606 W. Kensington Ave.**
CITY-ST-ZIP **Tampa, FL 33629**

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

TITLE ☒ Change ☐ Addition
NAME **Rasmussen, Denise**
STREET ADDRESS **2516 Morrison Ave**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☒ Change ☒ Addition
NAME **Treasurer**
NAME **Jenifer Ownby**
STREET ADDRESS **3203 W. Parkland Blvd-**
CITY-ST-ZIP **Tampa, FL 33609**

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

TITLE ☐ Change ☒ Addition
NAME **VPD Katherine Echevarria**
STREET ADDRESS **308 N. Beverly Ave.**
CITY-ST-ZIP **Tampa, FL 33609**

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:

Agnes (Lollie) Scott

AGNES Lollie Scott

7/8/01

813/831-2961

CR2E037 (5/01)