

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707140

1. Entity Name

TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.

Principal Place of Business

Mailing Address

2629 BAYSHORE BLVD
TAMPA FL 33629

2629 BAYSHORE BLVD
TAMPA FL 33629

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

Name

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

City

FL

Zip Code

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

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

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

TITLE VD ☐ Delete
NAME ROSMUSSEN, DENISE
STREET ADDRESS 2516 MORRISON AVE
CITY-ST-ZIP TAMPA FL 33629

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

TITLE T ☐ Delete
NAME OWNBY, JENNIFER
STREET ADDRESS 3203 W PARKLAND BLVD.
CITY-ST-ZIP TAMPA FL 33609

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

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

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

TITLE VPD ☐ Delete
NAME ECHEVARRIA, KATHERINE
STREET ADDRESS 308 N BEVERLY AVE.
CITY-ST-ZIP TAMPA FL 33609

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:

Quentin Owen REQUIRED Jennifer C. Ownby, Treasurer 1/28/02 (813) 872-7113

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90094 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)