

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709738

1. Entity Name

ISLAND GARDEN CLUB, INC.

Principal Place of Business

16210 2ND ST
REDINGTON SHORES FL 33708

Mailing Address

16210 2ND ST
REDINGTON SHORES FL 33708-1608

2. Principal Place of Business

Redington Beach FL 33708
Suite, Apt. #, etc.

3. Mailing Address

Redington Beach FL 33708
Suite, Apt. #, etc.

City & State

City & State

Zip

33708

Country

Zip

33708

Country

4. FEI Number

59-6161607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, MARY JO
16210 2ND ST
REDINGTON BEACH FL 33708

7. Name and Address of New Registered Agent

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

TITLE Delete
NAME **P**
STREET ADDRESS **EDWARDS, MARY JO**
CITY-ST-ZIP **16210 2ND ST
REDINGTON FL 33708**

TITLE Delete
NAME **VD**
STREET ADDRESS **BAKER, MAXINE**
CITY-ST-ZIP **760 123RD AVE
TRASURE ISLAND FL 33706**

TITLE Delete
NAME **SD**
STREET ADDRESS **LAWRENCE, BEAULAH**
CITY-ST-ZIP **17408 GULF BLVD.
REDINGTON SHORES FL 33708**

TITLE Delete
NAME **TD**
STREET ADDRESS **HARTOUGH, BEDE**
CITY-ST-ZIP **6720 34TH AVE N
ST PETERSBURG FL 33710**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **TD**
STREET ADDRESS **Baker, Maxine**
CITY-ST-ZIP **9490 Harbor Greens Way #C507,
Seminole FL 33776**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VD**
STREET ADDRESS **Lora Jean Clark**
CITY-ST-ZIP **9925 Ulmerton Road
Largo FL 33771**

TITLE Change Addition
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: *Mary Jo Edwards* **MARY JO EDWARDS** 4-17-00 (727) 391-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90133 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)