

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90068 047 \*\*\*\*61.25

0081735

**DOCUMENT # 709738**

1. Entity Name  
**ISLAND GARDEN CLUB, INC.**

Principal Place of Business <b>16210 2ND ST          REDINGTON SHORES BCH FL 33708</b>	Mailing Address <b>16210 2ND ST          REDINGTON SHORES BCH FL 33708</b>
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**955684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. <b>15813 Redington Drive</b>	Suite, Apt. #, etc. <b>15813 Redington Drive</b>
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City & State <b>Redington Beach FL</b>	City & State <b>Redington Beach FL</b>
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Zip <b>33708</b>	Country <b>USA</b>	Zip <b>33708</b>	Country <b>USA</b>
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4. FEI Number <b>59-6161607</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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  
**Drew, Joyce**

Street Address (P.O. Box Number is Not Acceptable)  
**15813 Redington Drive**

City  
**Redington Beach** **FL** Zip Code  
**33708**

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 Joyce C. Drew Joyce C. Drew 4-16-01  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EDWARDS, MARY JO</b> <b>16210 2ND ST</b> <b>REDINGTON FL 33708</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BAKER, MAXINE</b> <b>9425 HARBOR GREENS WAY</b> <b>SEMINOLE FL 33776</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LAWRENCE, BEAULAH</b> <b>17408 GULF BLVD.</b> <b>REDINGTON SHORES FL 33708</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CLARK, LORA J</b> <b>9425 ULMERTON RD</b> <b>LARGO FL 33771</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Drew, Joyce</b> <b>15813 Redington Drive</b> <b>Redington Beach FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Barbara Runnels</b> <b>17054 Dolphin Drive</b> <b>N. Redington Beach FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Fay, Peg</b> <b>16211 2nd St. E.</b> <b>Redington Beach FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyce C. Drew Joyce C. Drew 4-16-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)