

# 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State

04-09-2002 90035 010 \*\*\*\*70.00

**DOCUMENT # 709738**  
 1. Entity Name  
**ISLAND GARDEN CLUB, INC.**

Principal Place of Business <b>15813 REDINGTON DRIVE REDINGTON BCH FL 33708</b>	Mailing Address <b>15813 REDINGTON DRIVE REDINGTON-BCH-FL-33708 P.O. Box 8447 Madera Beach FL 33738</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<b>P.O. Box 8447</b>
City & State	<b>Madera Beach, FL</b>
Zip	<b>33738</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6161607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DREW, JOYCE 15813 REDINGTON DRIVE REDINGTON BEACH FL 33708</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DREW, JOYCE 15813 REDINGTON DRIVE REDINGTON BEACH FL 33708</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 8447 Madera Beach, Fl 33738</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RUNNELS, BARBARA 17054 DOLPHIN DRIVE N REDINGTON BEACH FL 33708</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FAY, PEG 16211 2ND ST E REDINGTON BEACH FL 33708</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CLARK, LORA J 9425 ULMERTON RD LARGO FL 33771</b> <input checked="" type="checkbox"/> Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ms. Terry Baldanza 17025 Dolphin Dr N. Redington Beach, 33708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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 Drew* **President** **3-18-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #