

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712466

1. Entity Name

GARDEN CLUB OF DELTONA, FLORIDA, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90102 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2055 LITTLE FARMS CT  
DELTONA FL 32738  
US

2055 LITTLE FARMS CT  
DELTONA FL 32738-2956  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992885

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRAFFT, MARIA  
2055 LITTLE FARMS CT  
DELTONA FL 32738

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KRAFFT, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2055 LITTLE FARMS CT DELTONA FL 32738	
TITLE NAME	VD STANLEY, LOUISE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1902 E BARLINGTON DR DELTONA FL 32735	
TITLE NAME	TD KAE, ARTHUR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2104 GOLDEN ARM RD DELTONA, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VD. Anna Marie Sarich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	896 South Dean Circle Deltona, FL 32738-7907	
TITLE NAME	TD. Diane Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2452 Delbarton Avenue Deltona, FL 32725-2232	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Maria Krafft* **MADE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

984-789-1372

Daytime Phone #

CR2E037 (9/99)