

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 716760**

1. Entity Name

THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE,

Principal Place of Business

**INC. HUGH TAYLOR BIRCH ST. PARK.
3109 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304**

Mailing Address

**P O BOX 4114
FORT LAUDERDALE FL 33304
US**

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

59-0816875

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

**JONES, PAUL M
160 CYPRESS CREEK DR. APT 612
POMPANO BEACH FL 33060**

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 | PD | <input type="checkbox"/> Delete |
| NAME | SCHOETTLE, JACQUELINE M | |
| STREET ADDRESS | 2609 SE 20TH ST. | |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33316-3217 | |

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | NOLL, DOROTHY | |
| STREET ADDRESS | 5761 SW 16TH ST | |
| CITY - ST - ZIP | PLANTATION FL 33317 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DORAU, MAUREEN | |
| STREET ADDRESS | 5470 SW 16TH ST 1601 SE 10th St. | |
| CITY - ST - ZIP | PLANTATION FL 33317-6928 Ft. Lauderdale FL 33316 | |

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FRY, LOIS L | |
| STREET ADDRESS | 1815 NE 17TH WAY | |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33305-3251 | |

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | CSD | <input type="checkbox"/> Delete |
| NAME | BARNES, ANNE | |
| STREET ADDRESS | 809 NE 20TH DR | |
| CITY - ST - ZIP | WILTON MANORS FL 33305-2221 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of M. Schreute
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 19, 2001
954 763-3533**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90038 030 ****61.25

C0005871

DO NOT WRITE IN THIS SPACE

0048771

CR2E037 (10/00)