

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90073 026 ****61.25

0075115

DOCUMENT # 716760

1. Entity Name

THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

59-0816875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**PD
SCHOETTLE, JACQUELINE M
2609 SE 20TH ST.
FORT LAUDERDALE FL 33316-3217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**PD
DORNAU, MAUREEN
1601 SE 10TH ST.
FORT LAUDERDALE FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**VPD
NOLL, DOROTHY
5761 SW 16TH ST
PLANTATION FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**VPD
PARKER, DONNA
8726 NW 76TH COURT
TAMARAC FL 33321-1608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**SD
DORAU, MAUREEN
1601 SE 10TH ST
FORT LAUDERDALE FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**SD
HOCHSTRASSER, ANN
2709 NE 26TH AVE.
FORT LAUDERDALE FL 33306-1735**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**TD
FRY, LOIS L
1815 NE 17TH WAY
FORT LAUDERDALE FL 33305-3251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**TD
FRY, LOIS L.
1815 NE 17TH WAY
FORT LAUDERDALE FL 33305-3251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**CSD
BARNES, ANNE
809 NE 20TH DR
WILTON MANORS FL 33305-2221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**CSD
WHEELER, JANIE
340 LIDO DRIVE
FORT LAUDERDALE FL 33301-2534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED. FRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02

(954) 564-2450

Date

Daytime Phone #

CR2E037 (9/01)