

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90012 019 ****61.25

DOCUMENT # 738737

1. Entity Name

GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.

Principal Place of Business

**BROOKS-BEAL CENTER
 100 NW BEAL PKWY
 FORT WALTON BEACH FL 32548
 US**

Mailing Address

**HILDA I. MCGEE
 333 SUDDUTH CR NE
 FORT WALTON BCH FL 32548
 US**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6570430

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

**MCGEE, HILDA I
 333 SUDDUTH CIRCLE NE
 FORT WALTON BCH FL 32548**

7. Name and Address of New Registered Agent

Name

SAME AS ABOVE

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

Hilda I. McGee

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 **TT** ☐ Delete
 NAME **GLOVER, MAZIE**
 STREET ADDRESS **318 BROOKS ST.**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **PD** ☒ Delete
 NAME **HARRISON, BETTY**
 STREET ADDRESS **4 PEMBROKE PLACE**
 CITY-ST-ZIP **FT WALTON BCH FL 32547**

TITLE **VP** ☒ Delete
 NAME **BUSH, BETTY**
 STREET ADDRESS **205 NE HUGHES ST**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **VP** ☒ Delete
 NAME **KENASTON, NANCYT**
 STREET ADDRESS **24 NEPTUNE DR**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **ST** ☐ Delete
 NAME **THURMAN, MARION**
 STREET ADDRESS **1508 WEST MARIAH WAY**
 CITY-ST-ZIP **FORT WALTON BCH FL 32547**

TITLE **ST** ☒ Delete
 NAME **THURMAN, MARION**
 STREET ADDRESS **1508 MARIAH WAY**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TT** ☐ Change ☐ Addition
 NAME **GLOVER, WALTER MRS.**
 STREET ADDRESS **318 E BROOKS ST.**
 CITY-ST-ZIP **FT WALTON BCH FL 32548**

TITLE **PD** ☒ Change ☐ Addition
 NAME **KELLY, ELSIE**
 STREET ADDRESS **PO Box 188, US HWY 98**
 CITY-ST-ZIP **MARY ESTER, FL 32569**

TITLE **VP** ☐ Change ☒ Addition
 NAME **PHILLIPS, THELMA**
 STREET ADDRESS **9 BAYVIEW DR.**
 CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **VP** ☐ Change ☒ Addition
 NAME **BUSH, BETTY**
 STREET ADDRESS **205 HUGHES ST**
 CITY-ST-ZIP **FT WALTON BCH, FL 32548**

TITLE **ST** ☐ Change ☒ Addition
 NAME **THURMAN, MARION**
 STREET ADDRESS **1508 W. MARIAH WAY**
 CITY-ST-ZIP **FT WALTON BCH. FL 32547**

TITLE **ST** ☐ Change ☒ Addition
 NAME **YEAGER, JO**
 STREET ADDRESS **267 EWING CT**
 CITY-ST-ZIP **FT WALTON BCH, FL 32548**

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:

Mazie Glover
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAZIE GLOVER

Date

850-244-5497

Daytime Phone #

CR2E037 (10/00)