

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746247

1. Entity Name

MAITLAND GARDEN CLUB, INCORPORATED

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90001 046 ****61.25

Principal Place of Business PO BOX 94-1224 MAITLAND FL 32794 US	Mailing Address PO BOX 94-1224 MAITLAND FL 32794-1224 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-2017372	Applied For <input type="checkbox"/> Not Applicable.
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HORN, MARGARET C 747 N LAKE SYBELIA DR MAITLAND FL 32751	7. Name and Address of New Registered Agent Name MORRIS, MARLENE K. Street Address (P.O. Box Number is Not Acceptable) 2465 GRAND TETON CIRCLE City WINTER PARK FL Zip Code 32792
---	---

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 Marlene K. Morris - MARLENE K. MORRIS TREASURER 3-3-00
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	DP VINCI, LEE EVELYN 1002 PEBBLE BCH CIR W WINTER SPRGS FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMIE LEE SCHNABEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 97 S. CAROLWOOD BLVD FERN PARK FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SELLEY, JAON 540 BOYNTON RD MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORN, MARGARET C 747 N LAKE SYBELIA DR MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARLENE K. MORRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2465 GRAND TETON CIRCLE WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, IRENE 450 BOYNTON RD MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLLY BRETZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1621 CHIPPEWA TRAIL MAITLAND FL 32751
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

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: Marlene K. Morris MARLENE K. MORRIS 3/3/00 407-673-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)