

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90329 036 \*\*\*\*61.25

**DOCUMENT # 747107**



1. Entity Name  
**GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I  
NC.**

Principal Place of Business Mailing Address  
**% 700 CENTER ROAD % 700 CENTER ROAD  
VENICE FL 34292 VENICE FL 34292**

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 **59-2045047** 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

**JENNINGS, JANE ANN  
3247 FALLOW ROAD  
VENICE FL 34293**

Name **Richard Fuerst**  
Street Address (P.O. Box Number is Not Acceptable)  
**2020 East Dolphin Drive**  
City **Englewood** FL Zip Code **34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Fuerst*  
Signature, typed or printed name of registered agent and title if applicable.

**4-15-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	Delete <input checked="" type="checkbox"/>
NAME	<b>POPESCU, DORIAN</b>	
STREET ADDRESS	<b>700 CENTER RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>S</b>	Delete <input type="checkbox"/>
NAME	<b>BEESE, DEBBIE</b>	
STREET ADDRESS	<b>700 CENER RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D/P</b>	Delete <input type="checkbox"/>
NAME	<b>JENNINGS, JANEANN</b>	
STREET ADDRESS	<b>3247 FALLOW ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D/V</b>	Delete <input type="checkbox"/>
NAME	<b>KOPP, CAROL</b>	
STREET ADDRESS	<b>2805 GENEVA ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>DCOP</b>	Delete <input checked="" type="checkbox"/>
NAME	<b>LEE, LOIS</b>	
STREET ADDRESS	<b>1687 E MANASOTA BEACH ROAD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>Fuerst, Richard</b>	
STREET ADDRESS	<b>2020 East Dolphin Drive</b>	
CITY-ST-ZIP	<b>Englewood, FL 34223</b>	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Richard Fuerst*

**4-15-03 941-486-2110**

CR2E037 (10/02)