

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90006 028 ****61.25

DOCUMENT # 752294

1. Entity Name

YAUPON GARDEN CLUB, INC.

Principal Place of Business

302 AVENUE FN
 CARRABELLE FL 32322
 US

Mailing Address

P. O. BOX 727
 LANARK VILLAGE FL 32323-0727
 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

65-0095045

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

GARRISS, ANN
 37-4 PINE STREET
 P.O. BOX 421
 LANARK VILLAGE FL 32323

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

ANN GARRISS

Ann Garriss

Jan 9 2001

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	PT	<input type="checkbox"/> Delete
NAME	HAGARTY, GINNY	
STREET ADDRESS	1 ELM STREET PO BOX 1394	
CITY-ST-ZIP	LANARK VILLAGE FL 32323	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HAGARTY, JACK	
STREET ADDRESS	1-ELM STREET-PO BOX 1394	
CITY-ST-ZIP	LANARK VILLAGE FL 32323	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHMIDT, HELEN	
STREET ADDRESS	310 6TH ST PO BOX 571	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, DOROTHY L.	
STREET ADDRESS	3 PINE ST. PO BOX 727	
CITY-ST-ZIP	LANARK VILLAGE FL 32323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARA VILASI	
STREET ADDRESS	43-1 CARLTON AVE PO BOX 512	
CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSANNE DOWLING	
STREET ADDRESS	36-6 WARREN ST PO BOX 364	
CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY ROBERTS	
STREET ADDRESS	3-2 PARKER AVE	
CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
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:

CLARA VILASI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

CR2E037 (10/00)