2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# 766318

Entity Name: THE OLD HYDE PARK GARDEN CLUB, INC.

Current Principal Place of Business:

835 SOUTH BOULEVARD
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

835 SOUTH BOULEVARD
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDOBA, STEPHEN M
101 EAST KENNEDY BOULVARD
SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HUDOBA, LARI	
Address:	835 SOUTH BOULEVARD	
City-St-Zip:	TAMPA, FL 33606	
Title:	VPD	( ) Delete
Name:	CHRISTENBERRY, ELIZABETH	
Address:	802 SOUTH ORLEANS AVENUE	
City-St-Zip:	TAMPA, FL 33606	
Title:	VPD	( ) Delete
Name:	CHEESMAN, NATALIE	
Address:	801 BAYSHORE BOULEVARD	
City-St-Zip:	TAMPA, FL 33606	
Title:	VPD	( ) Delete
Name:	LEE, SU	
Address:	718 SOUTH ORLEANS AVENUE	
City-St-Zip:	TAMPA, FL 33606	
Title:	VPD	( ) Delete
Name:	GUERETTE, LAUREN	
Address:	716 SOUTH ORLEANS AVENUE	
City-St-Zip:	TAMPA, FL 33606	
Title:	TD	( ) Delete
Name:	OXLEY, DEBBIE	
Address:	715 SOUTH ORLEANS AVENUE	
City-St-Zip:	TAMPA, FL 33606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARI HUDOBA PD 04/30/2003

Electronic Signature of Signing Officer or Director — Date