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

DOCUMENT # N0100000806

1. Entity Name

THE MARY RRICKELL GARDEN MEMORIAL CLUB. INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90152 029 ****61.25

THE MINIT	DINORELL GARDEN MEMOR			'			
Principal Place of Business 160 SOUTHWEST 25TH ROAD MIAMI FL 33129		Mailing Address 160 SOUTHWEST 25TH ROAD MIAMI FL 33129					
			-				18 2 41 1 4 2 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ сн	ECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 65-1	075107		plied For t Applicable
Zip Country		Zip	Country	5. Certificate of Statu		8.75 Add	litional
	6. Name and Address of Current I	Registered Agent		7. Name and Addres	s of New Registered A		
	o. Hame and Address of Canton		Name				
PETSOULI 160 SW 2	ES, CARMEN 5RD		Street Address	s (P.O. Box Number is Not	Acceptable)		
MIAMI FL						Zip Code	
			City		FL	Zip Cou	3
the obligation	named entity submits this statement for ons of registered agent.						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp. Trust Fund Cor		· · · · ·	\$5.00 May Be Added to Fees	Make Check Florida Depart	ment of S	State	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, AUDREY E 160 SOUTHWEST 25TH ROAD MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition &
TITLE	STD PETSOULES, CARMEN 160 SOUTHWEST 25TH ROAD MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE -NAME	D BRICKELL, MARJORIE	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	160 SOUTHWEST 25TH ROAD MIAMI FL 33129		STREET ADDRESS CITY-ST-ZIP	<u></u>	<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKELL, WILLIAM "BUTCH 160 SOUTHWEST 25TH ROAD MIAMI FL 33129	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		de Statutos I further con	Change	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.

FeBRUARY 20/2003-