

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

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90180 016 ****61.25

DOCUMENT # N20555

1. Entity Name
TAMIAMI POMONA GRANGE NO. 2 INC.



Principal Place of Business
**9303 FRUITVILLE ROAD
C/O MADELIN D. ANDREWS
SARASOTA FL 34240**

Mailing Address
**9303 FRUITVILLE ROAD
C/O MADELIN D. ANDREWS
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7214710**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANDREWS, MADELIN D.
9303 FRUITVILLE ROAD
SARASOTA FL 34240**

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BORDERIEUX, BARBARA**
STREET ADDRESS **3915 36TH AVENUE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEVACQUA, DORTHY**
STREET ADDRESS **4802 MINEOLA AVE**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **TANNER, STEVE**
STREET ADDRESS **3903-6TH AVE W**
CITY-ST-ZIP **PALMETTO FL**

TITLE **P** ☒ Change ☐ Addition
NAME **BORDERIEUX, Franklin**
STREET ADDRESS **3915 36th Avenue East**
CITY-ST-ZIP **Palmetto FL 34221**

TITLE **VP** ☒ Delete
NAME **BORDERIEUX, FRANKLIN**
STREET ADDRESS **3815 36TH AVENUE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VP** ☒ Change ☒ Addition
NAME **Schoell, John**
STREET ADDRESS **125 Dowlin Avenue**
CITY-ST-ZIP **Port Charlotte 33952**

TITLE **D** ☐ Delete
NAME **ANDREWS, D. VINCENT**
STREET ADDRESS **9303 FRUITVILLE RD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ANDREWS, MADELIN D.**
STREET ADDRESS **9303 FRUITVILLE RD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ 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: Madelin D. Andrews *Madelin D. Andrews* 3/15/03 941-371-4935

CR2E037 (10/02)