

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N43460**

1. Entity Name

GUARDIAN AD LITEM GUILD OF MONROE COUNTY INCORPO

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90046 012 ****61.25

Principal Place of Business

Mailing Address

**C/O CAROL PARKER
328 E SEAVIEW DR
DUCK KEY FL 33050
US**

**C/O CAROL PARKER
328 E SEAVIEW DR
DUCK KEY FL 33050-3820
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0305892

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, CAROL
328 E. SEAVIEW DR
DUCK KEY FL 33050**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **GOTZES, JANE**
STREET ADDRESS **P.O. BOX 510138 N/A**
CITY-ST-ZIP **KEY COLONY BEACH FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **GRACE LOHMANN**
STREET ADDRESS **305 CALZADA DE BOUGAINVILLEA**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☐ Delete
NAME **LANG, CLAIRE**
STREET ADDRESS **79901 OVERSEAS HIGHWAY**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **D** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **TAYLOR, SHEILA**
STREET ADDRESS **1901 S. ROOSEVELT, APT. 406E**
CITY-ST-ZIP **KEY WEST FL**

TITLE **VD** ☒ Change ☒ Addition
NAME **MISSY GOSKO**
STREET ADDRESS **4 SOUTH ROAD**
CITY-ST-ZIP **KEY LARGO, F. 33057**

TITLE **PD** ☐ Delete
NAME **PARKER, CAROL**
STREET ADDRESS **328 E SEAVIEW DR**
CITY-ST-ZIP **DUCK KEY FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **BACHER, CLAUDINE**
STREET ADDRESS **54 TARPON LN-OCEAN REEF**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **D** ☒ Change ☐ Addition
NAME **BACHER, CLAUDINE**
STREET ADDRESS **54 TARPON LANE - OCEAN REEF**
CITY-ST-ZIP **KEY LARGO, FL 33057**

TITLE **TD** ☐ Delete
NAME **MONTGOMERY, SYLVIA**
STREET ADDRESS **65 TINGLER LN**
CITY-ST-ZIP **MARATHON FL**

TITLE **TD** ☐ Change ☐ Addition
NAME **SAME**
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: **Sylvia Montgomery** **SIGNATURE REQUIRED** **SYLVIA MONTGOMERY** **5-12-00** **325-743-5760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)