2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TY ED OB RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # N43996** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** BOYNTON BEACH GARDEN CLUB, INC. 02-07-2000 90005 023 ****61.25 Principal Place of Business Mailing Address 4506 PINE PARK DRIVE, WEST 4506 PINE PARK DRIVE, WEST LAKE WORTH FL 33467 LAKE WORTH FL 33467-3952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2377807 Not Applicable Country \$8.75 Additional Country ___ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAKER, BETTY J 4506 PINE BARK DRIVE, WEST LAKE WORTH FL 33467 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition ☐ Delete NAME LAVA, EVELYN NAME 77 TOPL N 13209 STREET ADDRESS STREET ADDRESS 49205-77TH-PLACE, NORTH-CITY-ST-ZIP CITY-ST-ZIP <u>West Palm Beach Fl 33412</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME BRANSON, JANE NAME STREET ADDRESS STREET ADDRESS 3617 OLD BOYNTON-RD. CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete ☐ Change ☐ Addition TITLE PT DIDE NAME NAME BAKER, BETTY J STREET ADDRESS STREET ADDRESS 4506 PINE BARK DRIVE, WEST CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 32467 ☐ Delete TITLE VT BOWN BROWN, JEAN TITLE Change ☐ Addition BOWN, JEAN -NAME NAME STREET ADDRESS STREET ADDRESS 1603 SOUTH 17TH TERRACE CITY-ST-7IP CITY-ST-7IP **BOYNTON BEACH FL 33426** Change ☐ Addition TITLE ☐ Delete TITLE NAME DOYLE, MARIE NAME STREET ADDRESS STREET ADDRESS 1811 SW 5TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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