2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2000 8:00 am
Secretary of State
04-27-2000 90127 033 ***150.00

DOCUMENT # 191800

1. Entity Name
SELVA MARINA COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1600 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	1600 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233-5616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6077224 ☐ Applied For ☐ Not Applicable

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
~~KELLY, E J~~ FORD, ROBERT J. ~~3514 DARLOW AVE~~ 315 - 19th STREET ~~JAX FL 32211~~ ATLANTIC BEACH FL 32233	Name: Robert J. Ford Street Address (P.O. Box Number is Not Acceptable): 315 19th Street City: Atlantic Beach FL Zip Code: 32233

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~FORD, ROBERT J~~ WILLIAMS, EVELYN S. ~~315 - 19TH STREET~~ 4003 PONTE VEDRA BLVD ~~ATLANTIC BEACH FL 32233~~ JAX BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, EVELYN S. 4003 PONTE VEDRA BLVD JACKSONVILLE BEACH FL 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~KELLY, EARL J~~ FORD, ROBERT J. ~~5514 DARLOW AVENUE~~ 315 - 19th STREET ~~JACKSONVILLE FL~~ ATLANTIC BEACH FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORD, ROBERT J. 315 - 19TH STREET ATLANTIC BEACH FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLIN, MIKE ~~BOOKER, SHIRLEY M~~ ~~ATTY~~ 1700 Selva Marina Dr. ~~2389 COVINGTON CREEK DR W~~ Atlantic Beach ~~JACKSONVILLE BEACH FL~~ FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLIN, MIKE 1700 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WILLIAMS, EVELYN S~~ ~~4003 PONTE VEDRA BLVD~~ ~~JACKSONVILLE BEACH FL 32250~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LEWIS, ARLIN P~~ WITHERSPOON, MIKE ~~1413 FOREST MARSH DR~~ 1726 Selva Marina Dr. ~~NEPTUNE BEACH FL~~ Atlantic Beach FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITHERSPOON, MIKE 1726 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED April 21 2000 904-246-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #