

2001 UNIFORM BUSINESS REPORT (UBR)

Non-Profit

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90391 041 ****70.00

DOCUMENT # 719177
1. Entity Name LAVILLA SPORTMAN CLUB, INC.

Principal Place of Business **Mailing Address**
7977 New Kings Road **7977 New Kings Road**
Jacksonville, FL 32219 **Jacksonville, FL 32219**

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 23-7079033 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0068309

DO NOT WRITE IN THIS SPACE

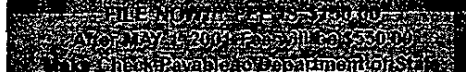
6. Name and Address of Current Registered Agent
Williams, Rowland V.
Venicient Business Services
112501 Cesery Blvd
Jacksonville, FL 32211

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

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



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

11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME Mitchell, Willie C.	
STREET ADDRESS 2754 Dellwood Ave	
CITY-ST-ZIP Jacksonville, FL 32205	
TITLE SD	<input type="checkbox"/> Delete
NAME Brown, Willie Jr	
STREET ADDRESS 8005 Tarling Ave	
CITY-ST-ZIP Jacksonville, FL 32219	
TITLE D	<input type="checkbox"/> Delete
NAME Sellers, Henry	
STREET ADDRESS 1507 N Carbordale Dr	
CITY-ST-ZIP Jacksonville, FL 32208	
TITLE FSD	<input type="checkbox"/> Delete
NAME Riley, John	
STREET ADDRESS 4611 Clyde Drive	
CITY-ST-ZIP Jacksonville, FL 32208	
TITLE TD	<input type="checkbox"/> Delete
NAME Bell, George	
STREET ADDRESS 3308 Ribault Scenic Drive	
CITY-ST-ZIP Jacksonville, FL 322087	
TITLE VP	<input type="checkbox"/> Delete
NAME Moses, Jones Jr	
STREET ADDRESS 6738 Rhone Drive	
CITY-ST-ZIP Jacksonville, FL 32208	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	
CITY-ST-ZIP	

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: Henry Sellers 05-30-01 904-744-9454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (11/00)