

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11540

1. Entity Name

JOHN'S ISLAND CLUB, INC.

Principal Place of Business

3 JOHN'S ISLAND DRIVE  
VERO BEACH FL 32963

Mailing Address

3 JOHN'S ISLAND DRIVE  
VERO BEACH FL 32963-3234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KROH, BRIAN R  
3 JOHN'S ISLAND DRIVE  
VERO BEACH FL 32963

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

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	BENNETT, JEROME	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAUPTFUHRER, GEORGE J JR	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, DONALD E	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARFIELD, DAVID C	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRKOT, ROBERT F.	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, F. BRADLEY	
STREET ADDRESS	3 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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:

*David C. Garfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 15, 2000

Date

Daytime Phone #

FILED  
Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90039 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2607344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)