

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N16764**1. Entity Name
JACKSONVILLE CORVETTE CLUB, INC.

Principal Place of Business 1443 LEE ROAD JACKSONVILLE 32259 US	FL	Mailing Address 1443 LEE ROAD JACKSONVILLE 32259 US	FL
---	----	---	----

2. Principal Place of Business 1783 HOLLY FLOWER LN	3. Mailing Address 1783 HOLLY FLOWER LN.
--	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State ORANGE PARK FL	City & State ORANGE PARK FL
-----------------------------------	-----------------------------------

Zip 32003	Country US	Zip 32003	Country US
--------------	---------------	--------------	---------------

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R. 712 SOUTH EDGEWOOD AVENUE JACKSONVILLE US	FL
--	----

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 _____ DATE **03/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**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 NAME STREET ADDRESS CITY-ST-ZIP	P MURFF DON 1443 LEE RD. SWITZERLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON BOB 776 CAMP JOHNSON RD ORANGE PARK FL 32065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASSIDY STEPHANIE 618 BLAIR RD JACKSONVILLE FL 32221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS BOB 10445 INVERNESS DR JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORE RON 186 OAK DR S GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT DWIGHT 2572 RIDGE CREST AVE ORANGE PARK FL 32065	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS RON 1783 HOLLY FLOWER LN. ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREACE DAN 19723 SCOTT MILL RD. JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON BARBARA 11846 COASTAL LN. JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNS BOB 10445 INVERNESS DR JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON MIKE 4918 SUMMER CREEK DR. JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **RON DAVIS** P 03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CR2E037 (11/00)

D - BANNING, JACK
553 PINEBROOK DR E.

JACKSONVILLE, FL. 32220