2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am³ Secretary of State **DOCUMENT # N20204** 1. Entity Name MANDARIN COMMUNITY CLUB, INC. 05-14-2001 90242 018 ****70.00 Principal Place of Business Mailing Address 12447 MANDARIN RD. P.O. BOX 23172 JACKSONVILLE FL 32241-3172 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2367544 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARVIN, MICHAEL J 9650 WHITTINGTON DR. JACKSONVILLE FL 32257 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE DANIEL, RUTH M NAME NAME 12851 MICANOPY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 TITLE Ď۷ ☐ Delete TITLE ☐ Change ☐ Addition BOSWORTH, WILLIAM P DR NAME NAME 12222 GOVERNORS DR. E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 SD-Addition Delete TITLE ☐ Change TITLE 2*D* GARVIN, SHIRLEY NAME NAME ズイクロコン) STREET ADDRESS 9650 WHITTINGTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 TD ☐ Delete TIT! F Change ☐ Addition TITLE GARVIN, MICHAEL J NAME NAME 9650 WHITTINGTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition BROWN, JUNE F NAME NAME STREET ADDRESS 2956 EVERCHARM PL E STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32223 TITLE TITLE Change **Addition** 🕽 Delete nergeging a proced COLANERO, DOMENICK NAME NAME 11622 LADY CLARE CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32223 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

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changed, or on an attachment t