

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90008 027 ****61.25

DOCUMENT # N20204

1. Entity Name

MANDARIN COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

**12447 MANDARIN RD.
 JACKSONVILLE FL 32257
 US**

**P.O. BOX 23172
 JACKSONVILLE FL 32241-3172**

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

59-2367544

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

**GARVIN, MICHAEL J
 9650 WHITTINGTON DR.
 JACKSONVILLE FL 32257**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIEL, RUTH M	
STREET ADDRESS	12851 MICANOPY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOSWORTH, WILLIAM P DR	
STREET ADDRESS	12222 GOVERNORS DR, E	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURLEY, KAREN	
STREET ADDRESS	11771 WORDSWORTH CT	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARVIN, MICHAEL J	
STREET ADDRESS	9650 WHITTINGTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JUNE F	
STREET ADDRESS	2956 EVERCHARM PL E	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, DONALD W	
STREET ADDRESS	11981 LITTLE CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SCOTT VP	
STREET ADDRESS	13200 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MICHAEL GARVIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 904-272-4743
 Date Daytime Phone #

CR2E037 (9/01)