


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90246 024 ****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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **MICHAEL GARVIN** **2/11/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, BRUCE	
STREET ADDRESS	13200 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME	BOSWORTH, WILLIAM P DR	
STREET ADDRESS	12222 GOVERNORS DR, E	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SD	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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		<input checked="" 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: *[Signature]* **2/11/03 904 292-4743**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)