

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90042 025 ****61.25

DOCUMENT # N39614

1. Entity Name

**QUEEN'S HARBOUR YACHT & COUNTRY CLUB OWNERS ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

1129 QUEEN'S HARBOUR BLVD
 JACKSONVILLE FL 32225
 US

1129 QUEEN'S HARBOUR BLVD
 JACKSONVILLE FL 32225
 US

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 **59-3118624**

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

~~BARNES, ELIZABETH R~~
~~13073 QUINCY BAY DR~~
~~JACKSONVILLE FL 32225~~

~~Robert Baugher~~
~~2027 Canyon Rim PL~~
~~Middleburg FL 32068~~

Name **Robert Baugher**

Street Address (P.O. Box Number is Not Acceptable)

2027 Canyon Rim PL

Middleburg

City

Middleburg

FL

Zip Code

32068

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 **Robert C. BAUGHER**

Signature, typed or printed name of registered agent and title if applicable.

Robert C. Baugher

(NOTE: Registered Agent signature required when reinstating)

MAR 5, 2002

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 **D** ☐ Delete
 NAME **LONG, MAX S JR**
 STREET ADDRESS **2348 THE WOODS DR EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Change ☒ Addition
 NAME **George Richardson**
 STREET ADDRESS **1050 Shipwatch Drive East**
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **PD** ☐ Delete
 NAME **DODSON, THOMAS JR**
 STREET ADDRESS **13361 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **James Slater**
 STREET ADDRESS **977 Shipwatch Dr E.**
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **D** ☐ Delete
 NAME **DUBBERLY, CHERIL**
 STREET ADDRESS **13361 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **O'NEIL, JOHN E**
 STREET ADDRESS **1372 WINDSOR HARBOUR DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DURANT, MICHAEL A**
 STREET ADDRESS **13480 PRINCESS KELLY DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

THOMAS DODSON, JR. **J. Thomas Dodson, Jr.** **2/20/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-231-2605

CR2E037 (9/01)