

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51151

1. Entity Name

WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business

JACKSONVILLE GOLF & COUNTRY CLUB
3725 CAMDEN'S CT S
JACKSONVILLE FL 32224
US

Mailing Address

3725 CAMDEN'S CT S
JACKSONVILLE FL 32224
US

2. Principal Place of Business

JACKSONVILLE GOLF & COUNTRY CLUB
Suite, Apt. #, etc.

3902 BRAMPTON ISLAND CT. S.

City & State
JACKSONVILLE FL

Zip Country
32224 USA

3. Mailing Address

3902 BRAMPTON ISLAND
Suite, Apt. #, etc.

CT. S.

City & State
JACKSONVILLE, FL

Zip Country
32224 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3143252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAPLETON, AMY
3725 CAMDEN ISLAND CT S
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
McGUIGAN, KATHERINE

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

3902 BRAMPTON ISLAND CT.S.

City Zip Code
JACKSONVILLE FL 32224

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.

(PRESIDENT)

SIGNATURE

Katherine McGuigan

KATHERINE MCGUIGAN 4-25-02

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

TITLE SD
NAME MC GUIGAN, KATHERINE ☐ Delete
STREET ADDRESS 3902 BRAMPTON ISLAND COURT. S.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE PD
NAME STAPLETON, AMY ☒ Delete
STREET ADDRESS 3725 CAMDEN ISLAND CT S
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE T
NAME VASHI, SHEFALI ☒ Delete
STREET ADDRESS 12889 HUNT CLUB RD N
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME MCGUIGAN, KATHERINE
STREET ADDRESS
CITY-ST-ZIP

TITLE VB ☐ Change ☒ Addition
NAME PACK, CHERYL
STREET ADDRESS 3735 SALTMEADOW CT.S.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T ☐ Change ☒ Addition
NAME CHESTER, RUTH
STREET ADDRESS 13113 WEXFORD HOLLOW RD. N.
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE ☐ Change ☐ Addition
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:

Katherine McGuigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

904-223-4517

Daytime Phone #

CR2E037 (9/01)