

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90163 028 ****61.25

DOCUMENT # N98000002328

1. Entity Name

THE NEW JERSEY CLUB OF SPRING HILL, INC.



Principal Place of Business

**11405 SAND HILL AVE
SPRING HILL FL 34608**

Mailing Address

**11405 SAND HILL AVE
SPRING HILL FL 34608**

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 **NOT APPLICABLE**

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

**PORTER, DALE H
11405 SAND HILL AVE
SPRING HILL FL 34608**

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 *Dale H. Porter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTER, DALE H	
STREET ADDRESS	11405 SAND HILL AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAMORE, ANTHONY	
STREET ADDRESS	3315 DOTHAN AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAWLOR, EVELYN	
STREET ADDRESS	10087 LENOX BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, GEORGE	
STREET ADDRESS	5145 PANTHER DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOCSIS, BARBARA	
STREET ADDRESS	5233 HAMLET ST	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
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
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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: *Dale H. Porter*

3-19-03 352 683-9099

CR2E037 (10/02)