

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006656

1. Entity Name

CEDAR RIVER CLUB OF JACKSONVILLE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90111 026 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 5700 SAN JUAN AVENUE JACKSONVILLE FL 32210 | 5700 SAN JUAN AVENUE JACKSONVILLE FL 32210-3048 |

| | | | |
|--------------------------------|---------------------|-----|---------|
| 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 | Applied For |
| 59-3544526 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

6. Name and Address of Current Registered Agent

FLETCHER, BRUCE J
 200 EAST FORSYTH ST.
 JACKSONVILLE FL 32202

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.

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: | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRAES, RAY 4413 DETEGA FARME CIR. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD BYRD, CLIPP 5340 SHORECREST DR. JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARCO, KEITH 5050 ORTEGA FOREST DR. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARCO, KATHY 3030 LAKESHORE BLVD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANE, GARY 3304 LAKESHORE BLVD JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIPPIN, DALE 5911 NYDEPARK CIR. JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRASS, RAY 4413 ORTEGA FARMS CIR. JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, JEFF 10457 WELLINGTON SPRINGS WAY JACKSONVILLE, FL 32221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHULTZ, ERIC 4509 ORTEGA FARMS CIR JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S/D BARCO, KATHY 3030 LAKESHORE BLVD JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORDHAM, WILL 5311 ARLINGTON RD. JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARUSO, CHRIS 5128 PEBBLE ISLE DR. JACKSONVILLE FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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]* SIGNATURE REQUIRED: *[Signature]* 04-03-00 904-772-1313
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 19/99