

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

0003741

**DOCUMENT # N98000006656**  
 1. Entity Name  
**CEDAR RIVER CLUB OF JACKSONVILLE, INC.**

05-14-2002 90026 010 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**5700 SAN JUAN AVENUE**      **5700 SAN JUAN AVENUE**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

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 **59-3544526**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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	<b>D</b> <b>PREACHER, JANICE</b> <input type="checkbox"/> Delete <b>4911 LOFTY PINCES CREEK, EAST</b> <b>JACKSONVILLE FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ANDERSON, JEFF</b> <input type="checkbox"/> Delete <b>10457 WELLINGTON SPRINGS WAY</b> <b>JACKSONVILLE FL 32227</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BARCO, KEITH</b> <b>5050 ORTEGA FOREST DR.</b> <b>JACKSONVILLE FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <input type="checkbox"/> Delete <b>BARCO, KATHY</b> <b>3030 LAKESHORE BLVD.</b> <b>JACKSONVILLE FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FORDHAM, WILL</b> <b>5311 ARLINGTON RD.</b> <b>JACKSONVILLE FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WARREN, BILL</b> <b>5105 HARBOR POINT CIRCLE</b> <b>JACKSONVILLE FL 32210</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PREACHER, JANICE</b> <b>4911 LOFTY PINCES CRK, EAST</b> <b>JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANDERSON, JEFF</b> <b>10457 WELLINGTON SPRINGS WAY</b> <b>JACKSONVILLE, FL 32227</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCHULTZ, ERIC</b> <b>4509 ORTEGA FARMS CIRLE</b> <b>JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARCO, KATHY</b> <b>3030 LAKESHORE BLVD</b> <b>JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Janice Preacher*      4/22/02      904-786-2050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)