

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90239 018 ****61.25

DOCUMENT # N99000003878

1. Entity Name

DEERWOOD COUNTRY CLUB, INC.

Principal Place of Business 10239 GOLF CLUB DRIVE JACKSONVILLE FL 32256	Mailing Address 10239 GOLF CLUB DRIVE JACKSONVILLE FL 32256-7150
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0 5 0 9 3 2

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 3586713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAWYER, JOHN C JR.
200 NORTH LAURA STREET, 12TH FLOOR
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, TOM C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLAS, DELMER W C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETERLE, DAN C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, JIM C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, GEORGE C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JIM C/O 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE FL 32202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Sam Northrop JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8140 Mar Del plata ST. E. Jacksonville, FL. 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O Jim Henry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10157 whippoorwill lane Jacksonville, FL. 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O Mary Ellen Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8203 Hollyridge Road Jacksonville, FL. 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O Paul whitman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8229 Bahia Blanca Court Jacksonville, FL. 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: SIGNATURE REQUIRED 4/6/00 (904)641-6100

CR2E037 (9/99)