

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91389 021 \*\*\*\*61.25

**DOCUMENT # N99000003878**

1. Entity Name

**DEERWOOD COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

**10239 GOLF CLUB DRIVE  
 JACKSONVILLE FL 32256**

**10239 GOLF CLUB DRIVE  
 JACKSONVILLE FL 32256**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SAWYER, JOHN C JR.~~  
**200 NORTH LAURA STREET, 12TH FLOOR  
 JACKSONVILLE FL 32202**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORTHROP, SAM JR	
STREET ADDRESS	8140 MAR DEL PLATA ST E	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARY E	
STREET ADDRESS	8203 HOLLY RIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITMAN, PAUL	
STREET ADDRESS	8229 BAHIA BLANCA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, JIM	
STREET ADDRESS	C/O 200 NORTH LAURA STREET, 12TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, GEORGE	
STREET ADDRESS	C/O 200 NORTH LAURA STREET, 12TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENRY, JIM	
STREET ADDRESS	10157 WHIPPOORWILL LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Jim	
STREET ADDRESS	10157 Whippoorwill Lane	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Mary E.	
STREET ADDRESS	8203 Holly Ridge Rd.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Root, Kelly	
STREET ADDRESS	8444 Stables Road	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, R. Bruce	
STREET ADDRESS	8343 Hollyridge Road	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Kelly Root  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)