
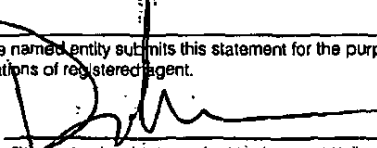
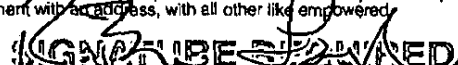


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-14-2003 90040 005 ****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	
2. Principal Place of Business 10239 GOLF CLUB DR Suite, Apt. #, etc.		3. Mailing Address 10239 GOLF CLUB DR Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32256		Zip 32256	
Country USA		Country USA	
4. FEI Number 59-3586713		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
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: David Cohen Street Address (P.O. Box Number is Not Acceptable) 200 North Laura Street, 12th Floor City: Jacksonville FL Zip Code 32202	
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 		DATE 4/1/03	
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 Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME HENRY, JIM <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 10157 WHIPPOORWILL LANE	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME BRUCE TAYLOR	
		STREET ADDRESS 8343 HOLLYRIDGE ROAD	
		CITY-ST-ZIP JACKSONVILLE, FL 32256	T
TITLE SD	NAME SMITH, MARY E <input checked="" type="checkbox"/> Delete	TITLE SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8203 HOLLY RIDGE RD	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME TAD GRIFFIN	
		STREET ADDRESS 1 INDEPEND DRIVE #1900	
		CITY-ST-ZIP JACKSONVILLE, FL 32202	T
TITLE TD	NAME WHITMAN, PAUL <input checked="" type="checkbox"/> Delete	TITLE TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8229 BAHIA BLANCA CT	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME HEALY ROO	
		STREET ADDRESS 8444 STABLES ROAD	
		CITY-ST-ZIP JACKSONVILLE, FL 32256	T
TITLE D	NAME DOLAN, JIM <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS C/O 200 NORTH LAURA STREET, 12TH FLOOR	CITY-ST-ZIP JACKSONVILLE FL 32202		
TITLE D	NAME DOYLE, GEORGE <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS C/O 200 NORTH LAURA STREET, 12TH FLOOR	CITY-ST-ZIP JACKSONVILLE FL 32202		
TITLE VD	NAME HENRY, JIM <input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 10157 WHIPPOORWILL LANE	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME ALAN GIBBS	
		STREET ADDRESS 7806 WOODSDALE LANE	
		CITY-ST-ZIP JACKSONVILLE, FL 32256	T
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: 		Date 904-641-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)