

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15466

1. Entity Name

TROUT RIVER CLUB, INC.

Principal Place of Business

9745 LEM TURNER ROAD  
JACKSONVILLE FL 32218

Mailing Address

9745 LEM TURNER ROAD  
JACKSONVILLE FL 32208-8563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, LLOYD  
8721 ADAMS AVENUE  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name James Zuercher

Street Address (P.O. Box Number is Not Acceptable)

1000 Broward #1011

Jax

City

FL

Zip Code

32218

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

1-6-02

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	PT	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, LLOYD	
STREET ADDRESS	8721 ADAMS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208-2603	
TITLE	T	<input type="checkbox"/> Delete
NAME	DARROW, MADELINE	
STREET ADDRESS	2445 DUNN AVE #820	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, FRANK	
STREET ADDRESS	63 MWK AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARDSON, JAMES	
STREET ADDRESS	10327 DENTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, WANDA	
STREET ADDRESS	10327 DENTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Zuercher	
STREET ADDRESS	1000 Broward Rd #1011	
CITY-ST-ZIP	Jax FL 32218	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	madeline Darrow	
STREET ADDRESS	86126 Fickstave DR	
CITY-ST-ZIP	Jax FL 32097	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESSLEY Johnson	
STREET ADDRESS	10412 GAIL WOOD CIR E	
CITY-ST-ZIP	JAX FLA 32218	
TITLE	6th member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Calewants	
STREET ADDRESS	9504 Gibson HVR	
CITY-ST-ZIP	Jax, FL 32208	
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:

SIGNATURE REQUIRED

1-6-02

904-768-9232

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90002 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)