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

FILED
Aug 14, 2003 8:00 am
Secretary of State
07-31-2003 90068 006 ****69.90

55054153

DOCUMENT # N15466

1. Entity Name
TROUT RIVER CLUB, INC.

Principal Place of Business	Mailing Address
9745 LEM TURNER ROAD JACKSONVILLE FL 32218	9745 LEM TURNER ROAD JACKSONVILLE FL 32208-8563

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZUERCHER, JAMES 1000 BROWARD #1011 JACKSONVILLE FL 32218	Name Sarah Alexander Street Address (P.O. Box Number is Not Acceptable) 539 W 61st St City Jacksonville FL Zip Code 32208

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 X Sarah Alexander Sarah Alexander 8-9-03
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ZUERCHER, JAMES 1000 BROWARD RD #1011 JACKSONVILLE FL 32218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Sarah Alexander 539 W 61ST ST Jacksonville, Fl. 32208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DARROW, MADELINE 86126 FIELDSTEVE DR JACKSONVILLE FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Paul Calewarts 9504 Gibson Ave Jacksonville, Fl 32208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, WESSLEY 10472 GAILWOOD CIR E JACKSONVILLE FL 32218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lloyd Newman 8721 Adams Ave Jacksonville, Fl 32208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICHARDSON, JAMES 10327 DENTON ROAD JACKSONVILLE FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STHM CALEWARTS, PAUL 9504 GIBSON AVE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STHM Marshall Ratliff 10103 Trout River Dr. #8 Jacksonville, Fl 32208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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: Paul Calewarts SIGNATURE REQUIRED 7/29/03 904-768-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #