## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001544

Entity Name: THE FIRST TEE OF JACKSONVILLE, INC.

**FILED** Feb 07, 2013 **Secretary of State** CC0087790469

## **Current Principal Place of Business:**

1157 MB01 GOLFAIR BLVD JACKSONVILLE, FL 32209

## **Current Mailing Address:**

1157 MB01 GOLFAIR BLVD JACKSONVILLE, FL 32209

FEI Number: 59-3577327 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. SUITE 504 JACKSONVILLE, FL 32216 US

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: SCOTT L. GLAZIER 02/07/2013

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DVP

DOWNEY, MARGARET WICKER, JON Name Name

Address 6737 SOUTHPOINT DRIVE SOUTH J-Address 6942 PHILLIPS PKWY DR. N.

City-State-Zip: JACKSONVILLE FL 32216 JACKSONVILLE FL 32246 City-State-Zip:

Title DIRECTOR, TREASURER DP Title

Name KALEEL, MARK Name GLAZIER, SCOTT

Address 1775 SHORE VIEW DRIVE WEST Address 8825 PERIMETER PARK BLVD.

JACKSONVILLE FL 32218 City-State-Zip: SUITE 504

JACKSONVILLE FL 32216 City-State-Zip: Title DIRECTOR, SECRETARY

HENRY, JAMES Title Name

CLAYTOR, LESLIE Name Address 10157 WHIPPOORWILL LANE

City-State-Zip: JACKSONVILLE FL 32256 Address 1300 SAWGRASS VILLAGE CIRCLE

STE 16

PONTE VEDRA BEACH FL 32082 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/07/2013 SIGNATURE: SCOTT L. GLAZIER **PRESIDENT**