

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700860 (0)
1. Corporation Name
300 CLUB INC.



Principal Place of Business
**3715 N.W. 12TH AVE
GAINESVILLE FL 32605**

Mailing Address
**3715 N.W. 12TH AVE
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified
04/26/1960

3a. Date of Last Report
10/02/1995

4. FEI Number
59-0942959

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**MAYER, MARION S.
1618 NW 28TH WAY
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUFF, MARY	
STREET ADDRESS	1527 N.W. 57TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAYER, MARION SIDNEY	
STREET ADDRESS	1618 NW 28TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUBELL, SUSAN	
STREET ADDRESS	1511 N. W. 48TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLIMAN, PRISCILLA	
STREET ADDRESS	4718 N.W. 17TH PL.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENSLOW, DAVID	
STREET ADDRESS	3515 N.W. 7TH PL.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, BERGOLL	
STREET ADDRESS	502 N.W. 145TH TERR.	
CITY-ST-ZIP	NEWBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ann Thebaut	
1.3 STREET ADDRESS	4250 N. W. 77th Terr.	
1.4 CITY-ST-ZIP	Gainesville, FL. 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Robell	
3.3 STREET ADDRESS	1511 N. W. 48th Terr.	
3.4 CITY-ST-ZIP	Gainesville, FL. 32605	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERBER, JOHN	
4.3 STREET ADDRESS	1126 N. W. 57th St.	
4.4 CITY-ST-ZIP	Gainesville, FL. 32605	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DENSLOW, DAVID	
5.3 STREET ADDRESS	3515 N. W. 7th Pl.	
5.4 CITY-ST-ZIP	Gainesville, FL. 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

Date

(352) 374-5752

Daytime Phone #

CR2E037 (12/95)