FILED
Mar 10, 2003 8:00 am
Secretary of State
02-12-2003 90117 026 ****61.25

2.

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

2/1

DOCUMENT # 702638

1. Entity Name
THE FLORIDA YACHT CLUB, INC.

'8 - 24⁵

Principal Place of Business	Mailing Address
5210 YACHT CLUB ROAD JACKSONVILLE FL 32210	5210 YACHT CLUB ROAD JACKSONVILLE FL 32210

☐ 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 59-0248800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BEARD, WIRT A JR~~
~~4741 ALGONQUIN AVENUE~~
~~JACKSONVILLE FL 32210~~ delete

7. Name and Address of New Registered Agent

Name: John D. Lockwood
Street Address (P.O. Box Number is Not Acceptable): 4324 Sweet Gum Lane
City: Jacksonville FL Zip Code: 32210

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: John D Lockwood 2-6-03
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

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	D ~~CHAIRMAN~~ LOCKWOOD, JOHN D 4324 SWEET GUM LANE JACKSONVILLE FL 32210	New Registered Agent ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David H. Booher III ☐ Change ☒ Addition 4304 Sherwood Rd. ~~SECRETARY~~ Jacksonville, Fl. 32210 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEU, FRANCIS M 5307 SHORECREST DRIVE JACKSONVILLE FL 32210	~~TREAS~~ ~~CHAIRMAN~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~VICE CHAIRMAN~~ GRAVES, E. HOLT 4437 HERSCHEL ST JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~VICE CHAIRMAN~~ KIRBY, JOHN L JR 4320 VENETIA BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E039 (01/02)

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 an other like empowered.

SIGNATURE: John D Lockwood FILED 2-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #