

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0002813

03-07-2002 90060 017 \*\*\*\*61.25

**DOCUMENT # 703039**

1. Entity Name

**COVE CLUB INC**

Principal Place of Business

Mailing Address

**C/O TUCKER MOSELEY, POB 4814  
2124 EDISON AVE.  
JACKSONVILLE FL 32204****C/O TUCKER MOSELEY, POB 4814  
2124 EDISON AVE.  
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

**MOSELEY, TUCKER  
4721 BLOUNT AVENUE  
2124 EDISON AVENUE  
JACKSONVILLE FL 32210**

Name

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

City

**FL**

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **MOSELEY, TUCKER**  
STREET ADDRESS **4721 BLOUNT AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **HATCH, LEON D**  
STREET ADDRESS **GENERAL DELIVERY BOX 238**  
CITY-ST-ZIP **BRANFORD FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **DAVID V. CAMPBELL**  
STREET ADDRESS **GEN. DEL BOX 295**  
CITY-ST-ZIP **BRONFORD FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **HATCH, CHARLES E.**  
STREET ADDRESS **GENERAL DEL. BOX 184**  
CITY-ST-ZIP **BRANFORD FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HATCH, LEON D.**  
STREET ADDRESS **C/O 2124 EDISON AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-02

CR2E037 (9/01)