

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703759

1. Entity Name *Fort Caroline Club, Inc.*

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90185 050 ****61.25

A0018501

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

4131 Ferber Rd.
JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

4161 Heath Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

4. FEI Number

590971123

Applied For

Not Applicable

Zip

Country

32277

Country

Duval

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

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 NAME *HARRISON, DAVID B* ☐ Delete *AD*
STREET ADDRESS *4131 Ferber Rd*
CITY-ST-ZIP *JACKSONVILLE FL 32277*

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *DAVIS, Patsy VPT* ☐ Delete
STREET ADDRESS *4131 Ferber Rd*
CITY-ST-ZIP *JACKSONVILLE FL 32277*

TITLE NAME *DAVIS, Patsy VPT* ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *CARLSON, Don W. T* ☐ Delete
STREET ADDRESS *4131 Ferber Rd*
CITY-ST-ZIP *JACKSONVILLE FL 32277*

TITLE NAME *CARLSON, Don W. T/D* ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *David B. Harrison* **DAVID B. HARRISON** *01/13/01* *(904) 791-2225*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)