

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703918

1. Entity Name

ST JOHNS DINNER CLUB INC

Principal Place of Business

Mailing Address

P. O. BOX 27033  
JACKSONVILLE FL 32205

P. O. BOX 27033  
JACKSONVILLE FLA 32205-0033

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

59-1022184

Applied For

Not Applicable

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

GRAVES, JAMES E. III  
2200 SEDGWICK PL  
JACKSONVILLE FL 32217

Name  
YARBOROUGH, JERRY O.  
Street Address (P.O. Box Number is Not Acceptable)  
1814 POWELL PLACE  
City JACKSONVILLE FL Zip Code 32205

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

*Jerry O. Yarbrough*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2000

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 PD ☐ Delete  
NAME JENNINGS, CLYDE  
STREET ADDRESS 319 W 70TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32208-3808

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

TITLE D ☐ Delete  
NAME PARPART, EDMUND R  
STREET ADDRESS 1870 MORNING DOVE LANE  
CITY-ST-ZIP JACKSONVILLE BCH FL

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

TITLE TD ☒ Delete  
NAME GRAVES, JAMES E III  
STREET ADDRESS 2200 SEDGWICK PL  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE TD ☒ Change ☐ Addition  
NAME YARBOROUGH, JERRY O.  
STREET ADDRESS 1814 POWELL PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32205-8804

TITLE S ☐ Delete  
NAME DIXON, FRANCES  
STREET ADDRESS 450 W 70TH ST  
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE D ☐ Delete  
NAME HILL, CHARLOTTE T  
STREET ADDRESS 1130 LAKEWOOD RD  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE D ☐ Delete  
NAME STRUM, W GRAY  
STREET ADDRESS 4615 LANCELOT LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ 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:

*Jerry O. Yarbrough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000

(904) 388-2509

CR2E037 (9/99)