

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91560 029 ****61.25

DOCUMENT # 703918

1. Entity Name

ST JOHNS DINNER CLUB INC

Principal Place of Business

P. O. BOX 27033
 JACKSONVILLE FL 32205

Mailing Address

P. O. BOX 27033
 JACKSONVILLE FL 32205

2. Principal Place of Business

6178 LANNIE RD S.W. FL 32218

3. Mailing Address 6178 LANNIE RD

JACKSONVILLE, FL 32218

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, FL

4. FEI Number

59-1022184

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARBOROUGH, JERRY O
 1814 POWELL PLACE
 JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name C. Foster Wright

Street Address (P.O. Box Number is Not Acceptable)
 6178 LANNIE RD

City JACKSONVILLE FL Zip Code 32218

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

C. Foster Wright

5/18/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, CLYDE	
STREET ADDRESS	319 W 70TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208-3808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARPART, EDMUND R	
STREET ADDRESS	1870 MORNING DOVE LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YARBOROUGH, JERRY O	
STREET ADDRESS	1814 POWELL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205-8804	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIXON, FRANCES	
STREET ADDRESS	450 W 70TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, CHARLOTTE T	
STREET ADDRESS	1130 LAKEWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRUM, W GRAY	
STREET ADDRESS	4615 LANCELOT LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon Robbie	
STREET ADDRESS	5000 SAN JOSE Blvd #123	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances Calhoun	
STREET ADDRESS	2406 University Blvd W.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Foster Wright	
STREET ADDRESS	6178 LANNIE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Foster Wright

5/18/01 904-765-6695

CR2E037 (10/00)