

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707083

1. Entity Name

JACKSONVILLE SHELL CLUB, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90082 039 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1801 BARRS ST SUITE 500 JACKSONVILLE FL 32204 US	1801 BARRS ST SUITE 500 JACKSONVILLE FLA 32204-4746 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1785008	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, HARRY G  
1801 BARRS ST  
SUITE 500  
JACKSONVILLE FL 32204

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	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	LLOYD, CHARLOTTE M
STREET ADDRESS	1010 NORTH 24TH STREET
CITY-ST-ZIP	JACKSONVILLE BEACH FL
TITLE	DV <input type="checkbox"/> Delete
NAME	JEWELL, D D
STREET ADDRESS	3185 VICTORIA PARK ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DT <input type="checkbox"/> Delete
NAME	ST. JOHN, TERESA M.
STREET ADDRESS	2605 EMILY COURT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	BROWN, BILLIE
STREET ADDRESS	1328 14TH AVENUE NORTH
CITY-ST-ZIP	JACKSONVILLE BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, HARRY G.
STREET ADDRESS	1801 BARRS ST SUITE 500
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL, D D
STREET ADDRESS	6425 VICTORIA DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWSOME, CLAIRE
STREET ADDRESS	3875 COPPER CIRCLE E.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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: TERESA M. ST. JOHN 2-12-2000 (904) 620-2910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)