

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707083

1. Entity Name

JACKSONVILLE SHELL CLUB, INC.

Principal Place of Business

1801 BARRS ST
SUITE 500
JACKSONVILLE FL 32204
US

Mailing Address

1801 BARRS ST
SUITE 500
JACKSONVILLE FL 32204
US

2. Principal Place of Business

3. Mailing Address

2605 Emily Court
Suite, Apt. #, etc.

2605 Emily Court
Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip 32216
Country US

City & State

Jacksonville FL

Zip 32216
Country US

4. FEI Number

59-1785008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name St. John, Teresa M.

Street Address (P.O. Box Number is Not Acceptable)
2605 Emily Court

City Jacksonville FL Zip Code 32216

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

Teresa M. St. John

Teresa M. St. John

1/11/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, HARRY G 1801 BARRS ST., SUITE 500 JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEWELL, D D 6425 VICTORIA DR S JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ST. JOHN, TERESA M. 2605 EMILY COURT JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWSOME, CLAIRE 3875 COPPER CIR E JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, HARRY G 1801 BARRS ST., SUITE 500 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RISHEL, CAROL 2115 BEACH AVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWSOME, CLAIRE 3875 COPPER CIR E JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1/11/01 (904) 620-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90019 021 *****61.25

908830



DO NOT WRITE IN THIS SPACE