## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 711478** 



FILED Feb 14, 2003 8:00 am Secretary of State

SAN JOSI	E YACHT CLUB, INC.				02-14-2003 90240	005 ****61	.25	
Principal Place of Business 7529 SAN JOSE BLVD. JACKSONVILLE FL 32217		Mailing Address 7529 SAN JOSE BLVD. JACKSONVILLE FL 32217					II APMII FAAF	
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 5	9-0587258	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired 🔲	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	1	7. Name and Ado	iress of New Register			
	6. Name and Address of Current	negistered Agont	Name	4 1 -				
FEEKS-1	EDMOND MY	CLEY JYCE	Stroot /	A. UOYCE 5/+ Address (P.O. Box Number is 1				
	NIFER RD & FIGHT	100100= 1-67.	Street	4047 MIZ	NER CT.			
JACK80	NVILLE FL 32258	CALLER FL.	.7 /	4 CKSON VILLE	" <b>(</b>			
	•	(1.2	City	14(35)	<u> </u>	L Zip Cod	e , 7	
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	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office o	or registered agent, or both, in	the State of Florida. Ta	atti iamiliat wilit,	and accept	
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		<i>l;</i> *					I	
SIGNATURE	- Jane Sher	ley						
SIGNATURE	Signature, typed of printegrame of registered agent	Lety and title applicable. (NOT	E: Registered Agent signa	nture required when reinstating)	DAT	re		
SIGNATURE	Signature, typed of printed name of registered agent		-	iture required when reinstating)				
	Signature, typed of printegrame of registered agent:  FILE NOW: FEE IS \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make Ch	eck Payable		
		9. Election Car	-		Make Ch			
		9. Election Car Trust Fund 0	mpaign Financing	\$5.00 May Be Added to Fees	Make Ch	eck Payable partment of S	State	
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund 0	mpaign Financing Contribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Make Ch Florida Dep ES TO OFFICERS AND	eck Payable partment of S	State	
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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:** 

JOYCE SHIRLEY 2-13-02

904-448-5566