## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 712049

1. Entity Name

SIGNATURE.

ISLAND CITY CLUB, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90056 010 \*\*\*\*61.25

			NE TO					
Principal Place of Business 3341 CREWS RD N	Mailing Address			1				
FERNANDINA BCH FL 32034 US	3341 Crews RD N Fernandina BCH Fi US	L 32034		( 188/11 1888) (1818 )(2) ( 82) ( 82) ( 818) ( 818) ( 818) ( 818) ( 818) ( 818) ( 818) ( 818) ( 818)				
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State	City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number NOT APPLICABLE		Applied For Not Applicable		
Zip ! Country	Zip	Cou	untry	5. Certificate of Status Desired	\$8.75 Fee Re	Additional		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
PATTEDOON INCME E OD			Name					
Patterson, Jackie e Sr 3341 Crews RD N Fefnandina BCH FL 32034		Street Address (I		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. I am familiar with, and accept the obligations of registered agent.

	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: F	Registered Agent signatur	ire require	d when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete	TITLE			☐ Change ☐ Addition		
NAME	PATTERSON, JACKIE		NAME			_ onango _ nadito		
STREET ADDRESS	CREWS ROAD		STREET ADDRESS					
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	i	CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			Change Additio		
NAME	BERNARD, CHARLES	_ 5000	NAME			Change Additio		
STREET ADDRESS	NASSAUVILLE ROAD		STREET ADDRESS					
CITY-ST-ZIP	FERNANDINA BCH, FL 00000		CITY-ST-ZIP					
TITLE	TD	Delete	TITLE	<del>-</del>		☐ Change ☐ Addition		
NAME	JOHNSON, CHARLES A		NAME		•	Change E Addition		
STREET ADDRESS	1721 CHESTER RD		STREET ADDRESS					
CITY-ST-ZIP	YULEE, FL 00000		CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE		<del></del>	☐ Change ☐ Addition		
NAME	SATTERWHITE, LYNN		NAME			Onange Addition		
STREET ADDRESS	604 S 7TH STREET		STREET ADDRESS					
CITY-ST-ZIP	FERNANDINA BCH, FL 00000		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE		<del></del>	☐ Change ☐ Addition		
NAME	JONES, HARRY		NAME			Change Addition		
STREET ADDRESS	CHESTER ROAD		STREET ADDRESS					
CITY-ST-ZIP	YULEE, FL 00000		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition		
NAME	FAULK, MAURICE		NAME			☐ Griange ☐ Addition		
STREET ADDRESS	732 S 15TH STREET		STREET ADDRESS					
CITY-ST-ZIP	FERNANDINA BCH, FL 00000		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

20 Jakilinie E. Patterson 1-7-03 904-211-5105 SIGNATURE: