

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90080 050 ****61.25

DOCUMENT # 716180

1. Entity Name

ST. JOSEPH'S BAY COUNTRY CLUB, INC.



Principal Place of Business

**2 1/2 MILES SOUTH OF STATE RD 30-A
P.O. BOX 993
PORT ST. JOE FL 32456**

Mailing Address

**2 1/2 MILES SOUTH OF STATE RD 30-A
P.O. BOX 993
PORT ST. JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7030195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, THOMAS, S
303 FOURTH ST
PORT ST JOE FL 32456**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP PROPHATER, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	1249 EAST GULF BEACH DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE NAME	D SCHOELLES, W.E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2532 HWY 30-A	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE NAME	D MAHLER, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1010 TRANSFER LANDING ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE NAME	P PEARCE, JAMES B	<input type="checkbox"/> Delete
STREET ADDRESS	120 DRIFTWOOD AVE	
CITY-ST-ZIP	PT ST JOE FL 32456	
TITLE NAME	D RENFRO, WILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	411 PLANTATION DRIVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE NAME	D MCDUGALD, H.F.	<input type="checkbox"/> Delete
STREET ADDRESS	224 CORONADO ST	
CITY-ST-ZIP	PORT ST. JOE FL	

TITLE NAME	D Pat Sherwood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	209 Gulfaire Drive	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE NAME	D James E. Harrison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	306 19th Street	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Pearce, James B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	120 Driftwood Ave	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P McDougald H.F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	224 Coronado St	
CITY-ST-ZIP	Port St. Joe, FL 32456	

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: **SIGNATURE REQUIRED**

3/19/03 (850) 229-9432

CR2E037 (10/02)