

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719029

1. Entity Name

TIMUQUANA COUNTRY CLUB

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90275 050 ****61.25

0011776

Principal Place of Business 4028 TIMUQUANA ROAD JACKSONVILLE FL 32210-5598 <i>JACKSONVILLE</i>	Mailing Address 4028 TIMUQUANA ROAD JACKSONVILLE FL 32210-5598 <i>JACKSONVILLE</i>
---	---



DO NOT WRITE IN THIS SPACE

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 59-0482540	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LARSON, GREG L. 4028 TIMUQUANA ROAD JACKSONVILLE FL 32210
--

7. Name and Address of New Registered Agent 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 *Greg Larson G.M.* 4/18/01
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	P DUDLEY, A THOMAS 4135 VENETIA BLVD JACKSONVILLE FL 32210 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, C KIRBY 5041 YACHT CLUB RD JACKSONVILLE FL 32210 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JOHN D 1870 CHALLEN AVE JACKSONVILLE FL 32205 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMAR, GILBERT J III 4957 ORTEGA BLVD JACKSONVILLE FL 32210 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, JOHN D 1870 CHALLEN AVE JACKSONVILLE FL 32205 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNAGE, THOMAS J 4753 WAVERLY LANE JACKSONVILLE FL 32210 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dudley, A. THOMAS 4135 Venetia Blvd. JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P C. Clayton Bronberg 4911 Apache Ave JACKSONVILLE, FL. 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTIHO, III Charles E. 4902 APACHE AVE JACKSONVILLE, FL. 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mann, Randall 1843 Woodmere Dr. JACKSONVILLE, FL. 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Simpson, Jr., Bryan 4861 Ortega Blvd. JACKSONVILLE, FL. 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mathis, Donald 2145 HAWKCREST DR. E. JACKSONVILLE, FL 32259 ☐ Change ☐ 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: *C. Clayton Bronberg* 4/18/01 388-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment

D

READ, ROBERT L.

5128 Arapahoe Ave

Jacksonville, FL 32210

823501

#719029

D

Hogan, GARY P.

5516 Fair Lane Dr.

Jacksonville, FL 32244

D

Vogt, Marlen J.

1879 Ribault Court

Jacksonville, FL 32205

D

McCarthy, III, EDWARD

4671 Ivanhoe Road

Jacksonville, FL 32210

D

Cassidy, Sr., John T.

4196 Herschel St.

Jacksonville, FL 32205