

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90057 003 \*\*\*\*61.25

**DOCUMENT # 719029**

1. Entity Name

**TIMUQUANA COUNTRY CLUB**

Principal Place of Business

**4028 TIMUQUANA ROAD  
JACKSONVILLE FL 32210-5598**

Mailing Address

**4028 TIMUQUANA ROAD  
JACKSONVILLE FL 32210-5598**

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 **Debra E. Johnson**

Street Address (P.O. Box Number is Not Acceptable)  
**4028 Timuquana Road**

City **Jacksonville**

**FL**

Zip Code **32210**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Debra E. Johnson**

**4/23/02**

**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 **D** ☐ Delete  
NAME **DUDLEY, A THOMAS**  
STREET ADDRESS **4135 VENETIA BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
NAME **BRONBERG, C. CLAYTON**  
STREET ADDRESS **4911 APACHE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
NAME **PATILLO, CHARLES E III**  
STREET ADDRESS **4902 APACHE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **T** ☐ Delete  
NAME **MANN, RANDALL**  
STREET ADDRESS **1843 WOODMERE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
NAME **MACHIS, DONALD**  
STREET ADDRESS **2145 HAWKCREST DRIVE E**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☐ Delete  
NAME **SIMPSON, BRYAN JR**  
STREET ADDRESS **4861 ORTEGA BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **BRONBERG, C. Clayton**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **MATHIS, Donald**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Michael Saunders** **4/23/02** **904-388-2664**

CR2E037 (9/01)

429167

Attachment #

719029

D

Saunders, Michael

4185 Venetia Blvd.

Jacksonville, FL. 32210

D

Varn, William L.

5516 Fair Lane Rd.

Jacksonville, FL. 32244

D

Rhyne, J. Sims

4642 Iroquois Ave.

Jacksonville, FL. 32210

D

Romer, Andrew

4642 Ivanhoe Rd.

Jacksonville, FL. 32210

D

Cassidy, John T.

3855 McGirts Ave

Jacksonville, FL. 32210