

DOCUMENT # 732046

1. Entity Name

SAN MARCO CLUB, INC

Principal Place of Business

1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207

Mailing Address

1423 SAN MARCO BLVD.
JACKSONVILLE FL 32207-8535

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6014899

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGLEY, RITA
12496 ATTRILL RD
JACKSONVILLE FL 32058

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HIGLEY, RITA	
STREET ADDRESS	12496 ATTRILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLYDE, BRYAN	
STREET ADDRESS	4376 TURNER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DALY III, ROBERT O	
STREET ADDRESS	2328 WOODALE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOWELL, JOANNE	
STREET ADDRESS	P.O. BOX 1628 - 110 KNITE CT	
CITY-ST-ZIP	MACLENNY FL 32063	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Hodges	
STREET ADDRESS	40 Aderhold Avenue	
CITY-ST-ZIP	Jacksonville, FL 32216	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clyde Bryan	
STREET ADDRESS	4376 Turner Avenue	
CITY-ST-ZIP	Jacksonville, FL 32207	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Hackley	
STREET ADDRESS	5800 University Blvd. #440	
CITY-ST-ZIP	Jacksonville, FL 32216	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/11/2000

Date

Daytime Phone #

CR2E037 (9/99)

SP