

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90068 016 *****70.00

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

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

59-6014899

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

**HIGLEY, RITA
12496 ATTRILL RD
JACKSONVILLE FL 32058**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HODGES, BRUCE
STREET ADDRESS 40 ADERHOLD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE P/D
NAME Daly Robert, III
STREET ADDRESS 2326 Woodale Street
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE VTD
NAME BRYAN, CLYDE
STREET ADDRESS 4376 TURNER AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE V/D
NAME Christopher P. Miller
STREET ADDRESS 1333 Cedar Street
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE SD
NAME HACKLEY, DEBBIE
STREET ADDRESS 5800 UNIVERSITY BLVD., #440
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE T/S/D
NAME Rita Higley
STREET ADDRESS 12496 Attrill Road
CITY-ST-ZIP Jacksonville, FL 32258 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Victor Akel
STREET ADDRESS 2706 Alvarado Avenue
CITY-ST-ZIP Jacksonville, FL 32217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Steven Luten
STREET ADDRESS 3526 Fitch Street
CITY-ST-ZIP Jacksonville, FL 32205 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01 904/279-5339

0011088

CR2E037 (10/00)