

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90125 049 *****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

☐ CHECK HERE IF MAKING CHANGES



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. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	AKEL, VICTOR	
STREET ADDRESS	72706 ALVARADO AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DALY, ROBERT III	
STREET ADDRESS	2326 WOODALE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIGLEY, RITA	
STREET ADDRESS	12496 ATTRILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVANS, JIM	
STREET ADDRESS	1614 LARUE APT 13	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, WILLIE	
STREET ADDRESS	5262 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAUNSCH, THOMAS	
STREET ADDRESS	4635 REDWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Key, David	
STREET ADDRESS	2132 Redfern Road	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higley, Rita	
STREET ADDRESS	12496 Attrill Road	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helene M. Vickers	
STREET ADDRESS	2847 Scott Mill Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeannie Quinn	
STREET ADDRESS	1400 LeBaron #1005	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, Jim	
STREET ADDRESS	1614 Larue Apt 13	
CITY-ST-ZIP	Jacksonville, FL 32207	
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] **REQUIRED**

4/15/03

CR2E037 (10/02)