

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90338 020 \*\*\*\*61.25

**DOCUMENT # 740478**

1. Entity Name  
**THE ROYAL VAGABONDS CLUB**

Principal Place of Business      Mailing Address  
**1355 GROTHE STREET**      **1355 GROTHE STREET**  
**JACKSONVILLE FL 32209**      **JACKSONVILLE FL 32209-6245**

2. Principal Place of Business      3. Mailing Address  
**2429 ST. LEGER DRIVE**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**JACKSONVILLE, FL.**      **SAME**  
 Zip      Country      Zip      Country  
**32208**      **USA**      **SAME**      **SAME**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-2510216**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROGERS, SR., ARNETT**  
**1355 GROTHE STREET**  
**JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent  
 Name      **RICHARDSON, FRANKLIN D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2429 ST. LEGER DRIVE**  
 City      **JACKSONVILLE, FL**      Zip Code      **32208**

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 *Franklin D. Richardson*  
**FRANKLIN D. RICHARDSON, PD** (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	PD ROGERS, ARNETT SR. 1355 GROTHE STREET JACKSONVILLE FL 32209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, FRANKLIN D 2429 ST. LEDGER DRIVE JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MYERS, LOUIS C 3113 RIBAUT SCENIC DRIVE JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, FRANKLIN D. 2429 ST. LEGER DRIVE JACKSONVILLE, FL. 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENNEDY, BERNARD 3011 SATURN AVENUE JACKSONVILLE, FL. 32206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, LOUIS C. 3113 RIBAUT SCENIC DRIVE JACKSONVILLE, FL. 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BODISON, RUFUS 5413 RIVERTON ROAD JACKSONVILLE, FL. 32277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Franklin D. Richardson*      4/30/00 (904) 764-2394

CR2E037 (9/99)