

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


FILED
May 05, 2003 8:00 am
Secretary of State

0003765

05-05-2003 91393 031 ****61.25

DOCUMENT # 740478

1. Entity Name
THE ROYAL VAGABONDS CLUB



Principal Place of Business Mailing Address

~~2420 ST LEGER DR~~ ~~2420 ST LEGER DR~~
JACKSONVILLE FL 32208 **JACKSONVILLE FL 32208**

2. Principal Place of Business 3. Mailing Address

8440 FINCH AVE. E **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

JAX FL **JAX FL**

4. FEI Number **59-2510216** Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~RICHARDSON, FRANKLIN D~~
~~2420 ST LEGER DR~~
~~JACKSONVILLE FL 32208~~

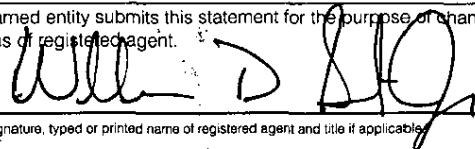
7. Name and Address of New Registered Agent

Name **WILLIAM D. SWEET, JR.**

Street Address (P.O. Box Number is Not Acceptable)
11432 MONTEGO BAY DR W.

City **JAX** FL Zip Code **32218**

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  DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, FRANKLIN	
STREET ADDRESS	2429 ST LEGER DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MYERS, LOUIS	
STREET ADDRESS	3113 RIBAUT SCENIC DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, BERNARD	
STREET ADDRESS	3011 SATURN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BODISON, RUFUS	
STREET ADDRESS	5413 RIVERTON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM D. SWEET, JR.	
STREET ADDRESS	11432 MONTEGO BAY DR W	
CITY-ST-ZIP	JAX FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE STONE	
STREET ADDRESS	1343 DOLPHIN STREET	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROOSEVELT SMITH	
STREET ADDRESS	6612 KINLOCKE DR.	
CITY-ST-ZIP	JAX FL 32208	
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:  PRESIDENT 4/30/03 (904)630-1185

CR2E037 (10/02)