

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 755086**

1. Entity Name

**CLUB 21 OF JACKSONVILLE, INC.**

Principal Place of Business

**C/O CALVIN B. REDDICK  
124 S. MYRTLE AVENUE  
JACKSONVILLE FL 32204**

Mailing Address

**C/O CALVIN B. REDDICK  
124 S. MYRTLE AVENUE  
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable5. 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

**REDDICK, CALVIN B  
1336 JOHNSON ST  
JACKSONVILLE FL 32209**

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  
After September 12, 2001, min. will be \$236.25**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	<input type="checkbox"/> Delete
NAME	REDDICK, CALVIN	
STREET ADDRESS	1336 JOHNSON ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDON, PEGGYE L.	
STREET ADDRESS	1993 W. 5TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	SAUNDERS, ALBERT H.	
STREET ADDRESS	1484 W. 22ND ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCPHERSON, WARREN T.	
STREET ADDRESS	336 KING ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, NATHANIEL	
STREET ADDRESS	104 KING ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE		<input type="checkbox"/> Delete
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:

*Warren T. McPherson*

July 9, 2001 (904) 356-7886

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90124 040 \*\*\*\*61.25

**A0076511**

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)