

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2000 08:00 AM  
Secretary of State

DOCUMENT # 771181

1. Entity Name

GEORGIA TECH CLUB OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 144

P. O. BOX 144

JACKSONVILLE  
322017144

FL

JACKSONVILLE  
322017144

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2605483

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORGAN PAYNE  
20 VILLAGE WALK

PONTE VEDRA  
32403

FL

US

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.)

06/12/2000

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 SD ☐ Delete  
NAME STOWELL BETH  
STREET ADDRESS 11823 COASTAL LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Change ☐ Addition  
NAME PIKE PAIGE M  
STREET ADDRESS 1821 SAN MARCO PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE TD ☐ Delete  
NAME SUTTON GREGORY  
STREET ADDRESS 7443 COUNTRY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE TD ☒ Change ☐ Addition  
NAME PIKE PAIGE  
STREET ADDRESS 1821 SAN MARCO PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ Delete  
NAME BOWERS JOHN  
STREET ADDRESS 1107 FIRST STREET SOUTH, UNIT -J  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CONWAY JENNY  
STREET ADDRESS 12744 HAUGHT ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE PD ☒ Change ☐ Addition  
NAME REOTT DONALD  
STREET ADDRESS 13882 NORTH SOUTHWIND TRAIL  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.