

DOCUMENT # **F72950**  
1. Entity Name  
**SHS JAX GOLF, INC.**

Principal Place of Business  
**PINE LAKES GOLF CLUB  
153 NORTHSIDE DRIVE SOUTH  
JACKSONVILLE FL 32218**

Mailing Address  
**PINE LAKES GOLF CLUB  
153 NORTHSIDE DRIVE SOUTH  
JACKSONVILLE FL 32218**

2. Principal Place of Business  
**150 NORTHSIDE DR. S.**

3. Mailing Address  
**150 NORTHSIDE DR.**

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

Zip  
**32218**

Country  
**DUVAL**

Zip  
**32218**

Country  
**DUVAL**

6. Name and Address of Current Registered Agent  
**DURBANO, NICHOLAS D.  
134 NORTHSIDE DR. S.  
JACKSONVILLE FL 32218**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**  
01-09-2001 90048 012 \*\*\*155.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2238283**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**NICHOLAS D DURBANO**

Street Address (P.O. Box Number is Not Acceptable)  
**150 NORTHSIDE DR. S.**

City  
**JACKSONVILLE**

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.

SIGNATURE

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

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST DURBANO, NICHOLAS D. 153 NORTHSIDE DR., S. JACKSONVILLE, FL 00000</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 602, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)