

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G52144****1. Entity Name**
PONTE VEDRA CLUB REALTY, INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90001 048 ***150.00

Principal Place of Business
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082**Mailing Address**
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2307432**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FOSTER, DAVID M.**
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**7. Name and Address of New Registered Agent**

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

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANEY, DALE L 26 MARIA PLACE PONTE VEDRA BEACH FL 32802 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LUEDERS, JACK C. JR. 9540 SAN JOSE BLVD JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, CHRISTIAN N 721 S LAKE CUNNINGHAM AVE JACKSONVILLE FL 32259 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRY, THOMAS A 137 BEACHSIDE DRIVE PONTE VEDRA BEACH FL 32082 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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 #

Thomas A. Barry **3/19/01** **904-285-6827**

CR2E034 (10/00)