

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002224

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CHARLES F. HAMBLEN CLUB, INC.

Current Principal Place of Business:

ONE ANDERSON CIRCLE
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

ONE ANDERSON CIRCLE
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
200 LAURA STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOK, JAMES D
Address: 706 GERONA RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: EAGLESON, JOSEPH C
Address: 857 FRANCIS ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: VANDERDENT, RICHARD R
Address: 1655 MASTERS DR
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: OFTERHOUT, DONALD H
Address: P.O. BOX 5400
City-St-Zip: ST AUGUSTINE, FL 32085

Title: D () Delete
Name: MCKEEFERY, KEVIN
Address: 13 6TH ST, APT A
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: DAVIS, HARRY
Address: 4600 HIGHWAT A1A SOUTH, LAS PALMAS 5-7
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OSTERHOUT, DONALD H
Address: P.O. BOX 5400
City-St-Zip: ST AUGUSTINE, FL 32085

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D COOK

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date