

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90378 002 ****61.25

DOCUMENT # N00000005914

1. Entity Name

THE HISTORIC SEMINOLE CLUB, INC.



Principal Place of Business

**400 N HOGAN ST
JACKSONVILLE FL 32202**

Mailing Address

**400 N HOGAN ST
JACKSONVILLE FL 32202**

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 **59-3668774**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LANGLEY, JOHN
400 N HOGAN ST
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **SHIRLEY MOORE**

Street Address (P.O. Box Number is Not Acceptable)

4595 LEXINGTON AV

City **JAX**

FL

Zip Code **32210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shirley Moore

4-30-03

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MILNE, DOUGLAS**
STREET ADDRESS **4595 LEXINGTON AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
NAME **BAILEY, JAMES F JR**
STREET ADDRESS **10 NEWMAN ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **PITMAN, DONALD**
STREET ADDRESS **5400 LONGLEAF ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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.

SIGNATURE:

Signature Required

4/30/03

CR2E037 (10/02)