

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17268

1. Entity Name

THE YALE CLUB OF NORTHEAST FLORIDA, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90001 037 ****61.25

Principal Place of Business

Mailing Address

% HOWARD L DALE
200 W FORSYTH ST. 1100
JACKSONVILLE FL 32202
US

225 WATER STREET
SUITE 900
JACKSONVILLE FL 32202
US

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

59-2872047

Applied For

Not Applicable

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

DALE, HOWARD L
200 W FORSYTH ST
SUITE 1100
JACKSONVILLE FL 32202

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

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 ☐ Delete
NAME ~~BB~~
STREET ADDRESS KENT, JOHN B
CITY-ST-ZIP 225 WATER STREET, SUITE 900
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DALE, HOWARD L
CITY-ST-ZIP 200 W FORSYTH ST, SUITE 1100
JACKSONVILLE FL

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

TITLE ☒ Delete
NAME ~~D~~
STREET ADDRESS FLETCHER, JEROME S.
CITY-ST-ZIP P.O. BOX 1219/NA
PONTE VEDRA BEACH FL

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS DUGGER, BRUCE
CITY-ST-ZIP 8176 JAMAICA ROAD, SOUTH
JACKSONVILLE, FL 32219

TITLE ☐ Delete
NAME DT
STREET ADDRESS SHARP, BARBARA M
CITY-ST-ZIP 6326 SAN JOSE BLVD WEST
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HIXON, JOSEPH M.
CITY-ST-ZIP 4400 MARSH LANDING BLVD., STE 7
PONTE VEDRA BEACH FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REAGAN, PAUL M
CITY-ST-ZIP 1522 OAK ST
JACKSONVILLE FL

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:

SG/JOHN B. KENT JOHN B. KENT 4/24/02 904 358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)