

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90024 041 \*\*\*\*61.25

**DOCUMENT # N34269**

1. Entity Name

**THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

C/O J. W. TOWART  
 12219 CATTAIL DRIVE W.  
 JACKSONVILLE FL 32223

C/O J. W. TOWART  
 12219 CATTAIL DRIVE W.  
 JACKSONVILLE FL 32223-4803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O John J. Edwards

27 Carriage Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Carriage Lane

City & State  
 Ponte Vedra Beach

City & State  
 Ponte FL Vedral Beach FL

4. FEI Number

59-2971381

Applied For

Not Applicable

Zip  
 32082

Country  
 St Johns

Zip  
 32082

Country  
 St Johns

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

TOWART, JAMES W  
 12219 CATTAIL DR W  
 JACKSONVILLE FL 32223

Name  
 John J Edwards

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

27 Carriage Lane

City  
 Ponte Vedra Beach FL Zip Code 32082

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

*John Edwards*

John J. Edwards, Treas.

5/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, KENNETH B 16 SEA WINDS LANE EAST PONTE VEDRA BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMME, CHRISTOPHER H 5 PLAYERS CLUB VILLAS PONTE VEDRA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT, MARK W 324 9TH STREET ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOWART, JAMES W 12219 CATTAIL DR W JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKLA, ANGELA 4435 DEEP RIVER WAY EAST JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKLA, STEVE 4435 DEEP RIVER WAY EAST JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lee H. Ferguson 5981 Lake Katherine Dr. Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President Rodger W. Gibson 122 15th Cove Place Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John J. Edwards 27 Carriage Lane Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Christopher H. Demme 5 Players Club Villas Ponte Vedra Beach FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mary Ellen Reed 15 Sea Winds Lane, East Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*John Edwards* JOHN J. Edwards, Treas 5/1/00 904-273-19039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)