

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90088 019 ****61.25

DOCUMENT # N34269

1. Entity Name

THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

JOHN
C/O JOHN J. EDWARDS
27 CARRIAGE LANE
PONTE VEDRA BEACH FL 32082

27 CARRIAGE LANE
PONTE VEDRA BEACH FL 32082

80105351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2971381

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDWARDS, JOHN J
27 CARRIAGE LANE
PONTE VEDRA BEACH FL 32082

Name

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

80105351

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 **Director** ☐ Delete
 NAME **FERGUSON, LEE H**
 STREET ADDRESS **8989 LAKE KATHERINE DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **President** ☐ Change ☒ Addition
 NAME **Robert Claypoole**
 STREET ADDRESS **3211 Old Barn Ct.**
 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **Director** ☐ Delete
 NAME **GIBSON, RODGER W**
 STREET ADDRESS **122 GLEN COVE PLACE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Frances D. Barry**
 STREET ADDRESS **165 Azalea Point South**
 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **VD** ☒ Delete
 NAME **MOODY, CYNTHIA U**
 STREET ADDRESS **533 SUNSET DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Roger Wolfe**
 STREET ADDRESS **228 North Wind Ct.**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **TD** ☐ Delete
 NAME **EDWARDS, JOHN J**
 STREET ADDRESS **27 CARRIAGE LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **D** ☒ Delete
 NAME **DEMME, CARRSTOPHER H**
 STREET ADDRESS **5 PLAYERS CLUB VILLAS**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **D** ☒ Delete
 NAME **TOWART, JAMES W**
 STREET ADDRESS **12219 CATTAIL DRIVE WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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: **John J. Edwards**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

904.273.9039

Date

Daytime Phone #

CR2E037 (9/01)