

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90004 017 ****61.25

DOCUMENT # N51151 R
 1. Entity Name
 WOMENS NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB Inc.

Principal Place of Business: JACKSONVILLE GOLF & COUNTRY CLUB
 Mailing Address: 3725 Camden Is Ct S, Jacksonville FL 32224

00064276

2. Principal Place of Business: JACKSONVILLE GOLF & COUNTRY CLUB
 3. Mailing Address: 3725 Camden Is Ct S.
 Suite, Apt. #, etc.: 3725 Camden Is Ct S.

DO NOT WRITE IN THIS SPACE

City & State: JACKSONVILLE FL.
 Zip: 32224
 Country: USA

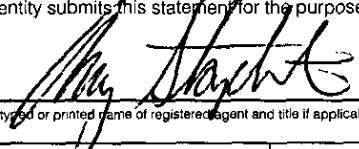
4. FEI Number: Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Ann Smith
 3842 Cricket Cove Rd E.
 Jacksonville FL 32224

7. Name and Address of New Registered Agent
 Name: Amy Stapleton
 Street Address (P.O. Box Number is Not Acceptable): 3725 Camden Island Ct. S.
 Jacksonville, FL 32224
 City: Jacksonville FL Zip Code: 32224

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:  DATE: 6-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Amy Stapleton	
STREET ADDRESS	3725 Cam	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete
NAME	Amy Stapleton	
STREET ADDRESS	3725 Camden Island Ct. S.	
CITY-ST-ZIP	Jacksonville FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Stapleton	
STREET ADDRESS	3725 Camden Island Ct. S.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:  DATE: 6-4-00 Daytime Phone #: (904) 223-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (9/99)