2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EXECUTE D

FILED DOCUMENT # N51426 Apr 11, 2000 8:00 am Secretary of State HECKSCHER DRIVE COMMUNITY CLUB, INC. 04-11-2000 90028 028 ****61.25 Principal Place of Business Mailing Address 9364 HECKSCHER DR 9364 HECKSCHER DR JACKSONVILLE FL 32226-2419 JACKSONVILLE FL 32226 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6004533 Not Applicable · Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAMMONS, JESSIE W 9280 HECKSCHER DR JACKSONVILLE FL 32226 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) X : Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME adcox, Barbara STREET ADDRESS STREET ADDRESS 8746 MCKENNA DR CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32226 Change Addition ☐ Delete TITLE TITLE NAME WYNN, WANDA NAME STREET ADDRESS STREET ADDRESS 8872 HECKSCHER DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32226 Change Addition VD. TITLE DDE Delete NAME Leigh, Geraldine NAME STREET ADDRESS STREET ADDRESS 6026 HECKSCHER DR CITY-ST-ZIF CITY-ST-ZIP Jacksonville FL 32226 Change Addition TITLE Delete TITLE langham, Mar NAME POWERS, BILLY NAME STREET ADDRESS STREET ADDRESS 6026 RAMOTH DR CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32226 Change ☐ Addition TITLE Delete TITLE NAME NAME sammons, jessie w STREET ADDRESS STREET ADDRESS 9280 HECKSCHER, DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Change Addition Delete TITLE SPRUILL, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 15333 CAPE DR S CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32226 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 Independent on this report or supplied with this failing does not qualify for the exemption stated in Section 119.0733(f), Plottad Statetes 1 failed certain that in middle 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