NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90319 031 ****61.25

DOCUMENT # N51426

1. Entity Name
Heckscher Drive Community Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9364 Heckscher Dr Suite, Apt. #, etc.	c/o 4772 Safe Harbor Way Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32226 Country: USA	Zip: 32226 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-6004533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Wanda Wynn
Street Address (P.O. Box Number is Not Acceptable): 8872 Heckscher Drive
City: Jacksonville FL Zip Code: 32226

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: Michael Seymour Michael Seymour 4772 Safe Harbor Way 1-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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	TITLE	
NAME	Michael Seymour	NAME	
STREET ADDRESS	4772 Safe Harbor Way	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Robbie Smith	NAME	
STREET ADDRESS	4772 Safe Harbor Way	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Lisa King	NAME	
STREET ADDRESS	9158 Heckscher Drive	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	Treasurer	TITLE	
NAME	Nikki Daly	NAME	
STREET ADDRESS	9865 Heckscher Drive	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Diana Pike	NAME	
STREET ADDRESS	9209 Heckscher Dr	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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

SIGNATURE: Robbie W. Smith VP 4-11-02 904 757-7918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #