

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90079-045-\$61.25-\$61.25

DOCUMENT # N93000004320

1. Entity Name

FIRST COAST F100 CLUB OF JACKSONVILLE, FLORIDA.

Principal Place of Business

15605 TISON RD
JACKSONVILLE FL 32218
US

Mailing Address

15605 TISON RD.
JACKSONVILLE FL 32218-1229
US

2. Principal Place of Business

4762 SADDLEHORN TR

Suite, Apt. #, etc.

3. Mailing Address

4762 SADDLEHORN TR

Suite, Apt. #, etc.

City & State

MIDDLEBURG FL

City & State

MIDDLEBURG FL

Zip

32068

Country

CLAY

Zip

32068

Country

FLA

4. FEI Number

59-3056748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIVENS, JOHN T
15605 TISON RD.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name DAVID L. GALE JR.

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

4762 SADDLEHORN TR

City

MIDDLEBURG

FL

Zip Code

32068

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 T. Givens
John T. Givens

Signature, typed or printed name of registered agent and title if applicable.

David L. Gale Jr.
David L. Gale Jr.

(NOTE: Registered Agent signature required when installing)

1/20/2000
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

TITLE D
NAME MAYFIELD, JOSEPH
STREET ADDRESS 2612 KAYLAR LN
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D
NAME GALE, DAVID L JR.
STREET ADDRESS 4762 SADDLEHORN TR
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE D
NAME GIVENS, T. JOHN
STREET ADDRESS 15605 TISON RD
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D
NAME Steven Dennis, Steven J
STREET ADDRESS 2016 Imeson Rd
CITY-ST-ZIP Jacksonville FL 32220 ☐ Change ☒ Addition

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

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

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

David L. Gale Jr.
DAVID L. GALE JR 1-20-00

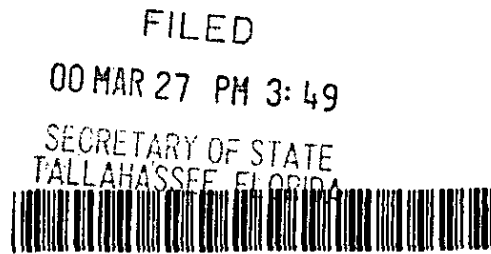
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

404-387-2333

SP



DO NOT WRITE IN THIS SPACE