

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004320**

1. Entity Name

FIRST COAST F100 CLUB OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

**4762 SADDLE HORN TR
MIDDLEBURG FL 32068
US**

Mailing Address

**4762 SADDLE HORN TR
MIDDLEBURG FL 32068
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**GALE, DAVID L
4762 SADDLE HORN TR
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name

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

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	GALE, DAVID L JR.	
STREET ADDRESS	4762 SADDLEHORN TR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNIS, STEVEN J	
STREET ADDRESS	2016 IMESON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIVENS, JOHN T	
STREET ADDRESS	15605 TISON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald BLAIR	
STREET ADDRESS	5427 Keystone Dwn	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. GIVENS	
STREET ADDRESS	15605 TISON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-10-02 904 398-6983**

Date

Daytime Phone #

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90018 017 ****61.25

90014

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)