

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004789

1. Entity Name

FORT GEORGE ISLAND GOLF ASSOCIATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90030 008 ****61.25

Principal Place of Business

Mailing Address

111 FLORIDA BLVD
NEPTUNE BEACH FL 32266
US

111 FLORIDA BLVD
NEPTUNE BEACH FL 32266-4974
US

00007643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246633

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, JOHN P
111 FLORIDA BLVD.
NEPTUNE BEACH FL 32266

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KING, JOHN P	111 FLORIDA BLVD.	NEPTUNE BEACH FL 32266	<input type="checkbox"/>
D	BARR, ALLEN	10417 PIEDMONT RD.	JACKSONVILLE FL 32218	<input type="checkbox"/>
D	ELINSKY, CHARLES	3389 CHEYENNE LANE	JACKSONVILLE FL 32233	<input type="checkbox"/>
D	SEYMOUR, MICHAEL	2771 - 29 MONUMENT ROAD	JACKSONVILLE FL 32225	<input type="checkbox"/>
D	KING, JENNINGS B.	4036 JEBB ISLAND CIR	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	BLACK, HORACE	11080 HECKSHER DRIVE	JACKSONVILLE FL 32226	<input type="checkbox"/>

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)