2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9400000070 May 16, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA STATE UNIVERSITY SEMINOLE CLUB OF CLAY C 05-16-2000 90098 001 ****61.25 Principal Place of Business Mailing Address 2137 ASTOR STREET P.O. BOX 2920 **ORANGE PARK FL 32067-2920** ORANGE PARK FL 32067 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3214949 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BURRIS, ROBERT** 255 NORTH RIDGE DRIVE **ORANGE PARK FL 32073** 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) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE Delete **BURRIS. ROBERT** NAME NAME 255 NORTH RIDGE DRIVE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP DP ☐ Addition Change TITLE TITLE ☐ Delete Waldon, Davis E NAME NAME 36 SWIMMING PEN DR. STREET ADORESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP DP ☐ Addition Change TITLE ☐ Delete TITLE DIAMOND, RON NAME NAME 4321 SIDEWINDER TRAIL STREET ADDRESS STREET ADDRESS MIDDLEBUNG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE WHITE, THOMAS M NAME NAME 777 CAMERON DR STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachorent with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

CITY-ST-ZIP

42/00 904260-901