

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001100

1. Entity Name

CLUB SAVOY, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90060 015 ****61.25

Principal Place of Business

6354 ARLINGTON ROAD
JACKSONVILLE FL 32211

Mailing Address

6354 ARLINGTON ROAD
JACKSONVILLE FL 32211

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

59-3590282

Applied For

Not Applicable

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

TUMLIN, ANNETTE
6802 NORTH MAIN STREET
JACKSONVILLE FL 32208

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 D
NAME COMBS, RON
STREET ADDRESS 7116 CONANT AVE #2
CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ Delete

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

TITLE D
NAME BLANC, JOE
STREET ADDRESS 488 ROBERTS AVE
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

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

TITLE DT
NAME DAVIS, JOAN
STREET ADDRESS 8639 BRIERWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

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

TITLE D
NAME MADDOX, BILL
STREET ADDRESS 3371 DEBUSSY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE D
NAME PAYNE, MICHAEL
STREET ADDRESS 7528 ARLINGTON EXPY # 806
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE D
NAME JORDAN, SUE
STREET ADDRESS 233 E BAY STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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:

Gloria Thavassos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Thavassos

04-25-02

(904) 45-1406

Date

Daytime Phone #

CR2E037 (9/01)