

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90398 044 \*\*\*150.00

0016337

**DOCUMENT # P94000020501**

1. Entity Name  
**MARSH CREEK CLUB CORPORATION**

Principal Place of Business <b>169 MARSHSIDE DR          SAINT AUGUSTINE FL 32084</b>	Mailing Address <b>4314 PABLO OAKS CT          JACKSONVILLE FL 32224</b>
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**C0054057**



DO NOT WRITE IN THIS SPACE

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 <b>59-3247971</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, TANYA P  
 4314 PABLO OAKS CT  
 JACKSONVILLE FL 32224**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'STEEN, ROGER M</b> <b>4314 PABLO OAKS CT</b> <b>JACKSONVILLE FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARBOUR, GREGORY J.</b> <b>169 MARSHSIDE DRIVE</b> <b>ST. AUGUSTINE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEDERSON, TANYA P.</b> <b>169 MARSHSIDE DRIVE</b> <b>ST. AUGUSTINE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>OWENS, LAUREN L.</b> <b>4314 PABLO OAKS CT</b> <b>JACKSONVILLE FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-23-01** Daytime Phone # **904-992-9750**

CR2E034 (10/00)