

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005992

**Entity Name:** PABLO CREEK CLUB, INC.

**Current Principal Place of Business:**

5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 US

**FEI Number:** 59-3282892

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KNIGHT, C. FINLEY JR  
5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 US

*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:** C. FINLEY KNIGHT, JR

01/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KNIGHT, C. FINLEY JR  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            PAXSON, WESLEY CSR.  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREASURER  
Name            UIBLE, JOHN D  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            WALKER, BILLY J  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            PELHAM, PINKY  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            BAKER, TOM  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            LESTER, FRED  
Address        5660 SAN PABLO RD. S.  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** C. FINLEY KNIGHT JR

**ADMINISTRATOR**

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date