

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005992

1. Entity Name

PABLO CREEK CLUB, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90039 043 ****61.25

Principal Place of Business

Mailing Address

5660 SAN PABLO RD. S.
 JACKSONVILLE FL 32224
 US

5660 SAN PABLO RD. S.
 JACKSONVILLE FL 32224-1846
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3282892

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKELTON, H J
5660 SAN PABLO RD. S.
JACKSONVILLE FL 32224

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	<input type="checkbox"/> Delete
NAME	BAKER, EDWARD L	
STREET ADDRESS	POST OFFICE BOX 4667 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32201-4667	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAXSON, WESLEY C SR.	
STREET ADDRESS	801 PONTE VEDRA BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKELTON, H J	
STREET ADDRESS	5660 SAN PABLO RD. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	UIBLE, JOHN D	
STREET ADDRESS	225 WATER STREET 11TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, BILLY J	
STREET ADDRESS	225 WATER STREET 11TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Thompson, Ken		
STREET ADDRESS	5660 SAN PABLO RD S.		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Knighr Finley		
STREET ADDRESS	5660 SAN PABLO Rd S.		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

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

3/2/2000
 Date

223-7503
 Daytime Phone #

CR2E037 (9/99)