

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90056 012 ****61.25

DOCUMENT # N94000005992

1. Entity Name
PABLO CREEK CLUB, INC.

Principal Place of Business 5660 SAN PABLO RD. S. JACKSONVILLE FL 32224 US	Mailing Address 5660 SAN PABLO RD. S. JACKSONVILLE FL 32224 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3282892		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, EDWARD L	NAME	D Knight, Finley
STREET ADDRESS	POST OFFICE BOX 4667 N/A	STREET ADDRESS	5660 San Pablo Rd So
CITY-ST-ZIP	JACKSONVILLE FL 32201-4667	CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, WESLEY C SR.	NAME	
STREET ADDRESS	801 PONTE VEDRA BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, H J	NAME	
STREET ADDRESS	5660 SAN PABLO RD. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UIBLE, JOHN D	NAME	
STREET ADDRESS	225 WATER STREET 11TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BILLY J	NAME	
STREET ADDRESS	225 WATER STREET 11TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, KEN	NAME	
STREET ADDRESS	5660 SAN PABLO RD S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	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: H. J. Skelton **REQUIRED**, H. J. Skelton, Pres.
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/01)