


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90191 038 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3282892** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SKELTON, H J
5660 SAN PABLO RD. S.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, KEN	
STREET ADDRESS	5660 SAN PABLO RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knight, 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		
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

Date: **1/17/03** Daytime Phone #: **904-223-7503**

CR2E037 (10/02)