

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711875

1. Entity Name

CLAY COUNTY SHERIFF'S RESERVES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 004 ****61.25

Principal Place of Business

901 ORANGE AVENUE/P O BOX 548
GREEN COVE SPRINGS FL 32043

Mailing Address

901 ORANGE AVENUE/P O BOX 548
GREEN COVE SPRINGS FL 32043-0548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6000555**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANCASTER, SCOTT L
901 N ORANGE AVE
GREEN COVE SPRINGS FL 32043

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** ☒ Delete
NAME **SLATTERY, THOMAS S**
STREET ADDRESS **215 FOXTAIL AVE.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Change ☒ Addition
NAME **L. LEON GREEN**
STREET ADDRESS **901 NORTH ORANGE AVE.**
CITY-ST-ZIP **GREEN COVE SPGS, FL 32043**

TITLE **TD** ☐ Delete
NAME **ALMEIDA, SANDY**
STREET ADDRESS **5480 JACKSON AVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☒ Change ☐ Addition
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **GREEN COVE SPGS, FL 32043**

TITLE **P** ☐ Delete
NAME **LANCASTER, SCOTT**
STREET ADDRESS **901 NORTH ORANGE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

TITLE **D** ☐ Delete
NAME **COWAN, MARK**
STREET ADDRESS **901 ORANGE AVENUE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☒ Change ☐ Addition
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

TITLE ☐ Delete
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

TITLE ☐ Change ☐ Addition
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

TITLE ☐ Delete
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

TITLE ☐ Change ☐ Addition
NAME **901 NORTH ORANGE AVENUE**
STREET ADDRESS **901 NORTH ORANGE AVENUE**
CITY-ST-ZIP **901 NORTH ORANGE AVENUE**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00

(904) 264-6512

Date

Daytime Phone #

CR2E037 (9/99)