

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90346 043 ****61.25

DOCUMENT # 729535

1. Entity Name

CLAY COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

604 WALNUT ST.
 GREEN COVE SPRINGS FL 32043

604 WALNUT ST.
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1557913

Applied For

Not Applicable

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

WILCOX, CALVIN
700 WALNUT STREET
GREEN COVE SPRINGS FL 32043

Name **Ralph A. Jones, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
1612 Beth Street

City **Green Cove Springs**

FL

Zip Code
32043

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 *Ralph A. Jones, Jr.*

Ralph A. Jones, Jr., President

04/10/02

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 NAME STREET ADDRESS CITY-ST-ZIP	S INFINGER, MATTIE 1552 STONEBRIAR RD GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISGAN, ROBERT 1952 QUAKER RIDGE DRIVE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, CALVIN 700 WALNUT STREET GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, RALPH A JR 3521 HOFFMAN STREET PENNEY FARMS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosel, Dorothy 3330 Rosemary Hill Road Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Isgan, Robert 1952 Quaker Ridge Drive Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wilcox, Calvin 700 Walnut Street Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jones, Ralph A., Jr. 1612 Beth Street Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ralph A. Jones, Jr.* **Ralph A. Jones, Jr. President** **04/10/02** **(904) 284-2082**

Date

Daytime Phone #

CR2E037 (9/01)