

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90354 021 \*\*\*\*70.00

**DOCUMENT # 790272**

1. Entity Name

**CLAY ELECTRIC COOPERATIVE, INC.**

Principal Place of Business

225 W. WALKER DRIVE  
 P. O. BOX 308  
 KEYSTONE HEIGHTS FL 32656

Mailing Address

225 W. WALKER DRIVE  
 P. O. BOX 308  
 KEYSTONE HEIGHTS FL 32656

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

**59-0196695**

Applied For

Not Applicable

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

**PHILLIPS, WILLIAM C.**  
**225 W. WALKER DR.**  
**KEYSTONE HEIGHTS FL 32656**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HASTINGS, ANGUS</b> <b>17188 NE 45TH AVENUE ROAD</b> <b>FT MCCOY FL 32134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WINGATE, RAYMOND</b> <b>6505 IMMOKALEE RD</b> <b>KEYSTONE HEIGHTS FL 32656</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLINS, ROBERT S.</b> <b>1702 S WATERS ST</b> <b>STARKE FL 32091</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALPHURS, THOMAS L</b> <b>17216 N.W. 262 AVE.</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, CEDRICK M JR</b> <b>106 NE 6TH AVE</b> <b>WILLISTON FL 32696</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GNANN, FLOYD</b> <b>4138 EVERETT AVENUE</b> <b>MIDDLEBURG FL 32068</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b>	<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	<b>T/D</b>	<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	<b>P/D</b>	<input checked="" 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)(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 OF REGISTERED AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.6.01** (352) 473-8000  
 Date Daytime Phone #

CR2E037 (10/00)

## Clay Electric Cooperative

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	S/D                    X Change    X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	1526 Hwy 17 North
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, Fl 32007
8.1 TITLE		8.1 TITLE	D                    Change    X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S US Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, Fl 32640
9.1 TITLE		9.1 TITLE	D                    Change    X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	RT. 1 Box 478                    N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, Fl 32054
10.1 TITLE		10.1 TITLE	CEO                    Change    X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, Fl 32656

\*Note the N/A in the address is because no street address is available.

*Attachment*

*#790212  
753380*