

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007219

1. Entity Name

CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91225 049 ****61.25

Principal Place of Business

Mailing Address

1857 WELLS RD., STE. 232
ORANGE PARK FL 32073

1857 WELLS RD., STE. 232
ORANGE PARK FL 32073

850902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3751734

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

FAGAN, RICHARD
1857 WELLS RD., STE. 232
ORANGE PARK FL 32073

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	PD FAGAN, RICHARD 1857 WELLS RD., STE. 232 ORANGE PARK FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, NANCY K 3651 HWY 17 ORANGE PARK FL 32003	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, PAT 9000 REGENCY SQUARE BLVD., STE. 201 JACKSONVILLE FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIPES, WILLIAM B 1728 KINGSLEY AVE., STE. 105 ORANGE PARK FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *William B. Pipes* **WILLIAM B. PIPES** *4/29/02 (904) 264-4888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)