

2002 UNIFORM BUSINESS REPORT (UBR)

4/17/2002-90315-001-\$61.25-\$61.25
 * 4/17/2002-90315-002-\$8.75-\$8.75

FILED

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DOCUMENT # N01000007773

1. Entity Name

CLAY COUNTY COMMUNITY BAND, INC.

02 MAY 15 PM 4:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 623 SAN ROBAR DR ORANGE PARK FL 32073	Mailing Address 623 SAN ROBAR DR ORANGE PARK FL 32073
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HEINTZINGER, ART
 623 SAN ROBAR DR
 ORANGE PARK FL 32073

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEINTZINGER, ART	
STREET ADDRESS	623 SAN ROBAR DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHIELDS, BURK	
STREET ADDRESS	7731 ARANCIO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, ART	
STREET ADDRESS	2119 WINTERBOURNE W	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEATON, DORIS	
STREET ADDRESS	2507 HOLLY PT RD E	
CITY-ST-ZIP	ORANGE PK FL 32073	
TITLE	DMC	<input type="checkbox"/> Delete
NAME	GRASS, ARVED G	
STREET ADDRESS	508 NASSAU CT	
CITY-ST-ZIP	ORANGE PK FL 32003	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HALL, SUNA	
STREET ADDRESS	2119 WINTERBOURNE W	
CITY-ST-ZIP	ORANGE PK FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Art Heintzinger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 904-269-4260
 Date Daytime Phone #

CF2E037 (9/01)