

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90189 013 \*\*\*\*70.00

DOCUMENT # **N01000007773**



1. Entity Name  
**CLAY COUNTY COMMUNITY BAND, INC.**

Principal Place of Business  
**623 SAN ROBAR DR  
ORANGE PARK FL 32073**

Mailing Address  
**623 SAN ROBAR DR  
ORANGE PARK FL 32073**

2. Principal Place of Business  
**1972 GREEN APPLE CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**1972 GREEN APPLE CT**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**ORANGE PARK FL**

City & State  
**ORANGE PARK FL**

4. FEI Number **APPLIED FOR**  
**59 3755221**

Applied For  
Not Applicable

Zip  
**32073**

Country  
**FLA**

Zip  
**32073**

Country  
**FLA**

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~~

*61.25  
8.75  
\$70.00*

7. Name and Address of New Registered Agent

Name **HEINTZINGER, ART**

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

**1972 GREEN APPLE CT**

City **ORANGE PARK FL** Zip Code **32073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ART HEINTZINGER** *Art Heintzinger* **5 FEB 03**  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEINTZINGER, ART 1972 GREEN APPLE CT ORANGE PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMC GILBERT, CLAIR 2327 BIRWOOD DR ORANGE PARK 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAYTON, SIM 262 EVENTIDE DR ORANGE PARK 32003	<input type="checkbox"/> Change <input checked="" 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
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)(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** *Art Heintzinger* **5 FEB 03** **904-269-9819**

CR2E037 (10/02)