

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06353

1. Entity Name

CLAY COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DALE S. WILSON  
P O BOX X1808  
GREEN COVE SPRINGS FL 32043

C/O DALE S. WILSON  
P O BOX X1808  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

% Jesse Godbold

% Jesse Godbold

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205 Park St

205 Park St

City & State

City & State

Green Cove Springs, FLA.

Green Cove Springs, FLA.

Zip

Country

Zip

Country

32043

USA

32043

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODBOLD, JESSE  
205 PARK STREET  
GREEN COVE SPRINGS FL 32043

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 P ☐ Delete  
NAME ROGERS, JONATHAN  
STREET ADDRESS 5302 SHARRON RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE P ☐ Change ☐ Addition  
NAME Starling, Horce  
STREET ADDRESS 5676 Carribean Cir  
CITY-ST-ZIP Keystone Heights, FL 32656

TITLE VP ☐ Delete  
NAME STARLING, HORCE  
STREET ADDRESS 5676 CARRIBEAN CIR  
CITY-ST-ZIP HEYSTONE HEIGHTS FL 32656

TITLE VP ☐ Change ☒ Addition  
NAME Green, Leon  
STREET ADDRESS 2376 SR 16 West  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE S ☐ Delete  
NAME GODBOLD, JESSE  
STREET ADDRESS 205 PARK STREET  
CITY-ST-ZIP GREEN COVE SPRGS. FL

TITLE S ☐ Change ☐ Addition  
NAME Godbold, Jesse  
STREET ADDRESS 205 Park St.  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE T ☒ Delete  
NAME POST, JOAN  
STREET ADDRESS P O BOX 1225 N/A  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE T ☐ Change ☒ Addition  
NAME Coon, Brenda  
STREET ADDRESS 1008 Confederate Ct.  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE D ☒ Delete  
NAME PARRISH, WILLIAM  
STREET ADDRESS 6235 COUNTY RD 218  
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE D ☐ Change ☐ Addition  
NAME Rogers, Jon  
STREET ADDRESS 5302 Sharron Rd., Green Cove Spgs, FL 32043  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PADGETT, RANDOLPH  
STREET ADDRESS 4441 WEEKS ROAD  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE D ☐ Change ☐ Addition  
NAME Padgett, Randolph  
STREET ADDRESS 4441 Weeks Rd.  
CITY-ST-ZIP Green Cove Springs, FL 32043

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: *Jonathan Starling* *1/27/00* 352 473 0106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90058 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2501675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required