

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06353

1. Entity Name

CLAY COUNTY CATTLEMEN'S ASSOCIATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90008 016 ****70.00

Principal Place of Business

C/O JESSE GODBOLD
205 PARK ST
GREEN COVE SPRINGS FL 32043
US

Mailing Address

C/O JESSE GODBOLD
205 PARK ST
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2501675**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **# Director** ☐ Delete
NAME **STARLING, HORCE**
STREET ADDRESS **5876 CARRIBEAN CIR**
CITY-ST-ZIP **HEYSTONE HEIGHTS FL 32656**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COON, BRENDA**
STREET ADDRESS **1008 CONFEDERATE CT**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **# President** ☐ Delete
NAME **GREEN, LEON**
STREET ADDRESS **2376 SR 16 WEST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **James Conway**
STREET ADDRESS **5642 MAUNICK RD**
CITY-ST-ZIP **MIDDLEBURY FL 32068**

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:

Jesse Godbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 904284 9426

Date

Daytime Phone #

CR2E037 (9/01)