

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18750

1. Entity Name

CLAY COUNTY FOOD BANK, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90010 031 ****61.25

Principal Place of Business

504 S. HIGHLAND AVE
GREEN COVE SPRINGS FL 32043
US

Mailing Address

852 WARNER RD
GREEN COVE SPG FL 32043-4622
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2734458

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

SALAZAR, BETH A
852 WARNER ROAD
GREEN COVE SPGS 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 ☐ Delete
NAME SALAZAR, BOBBIE
STREET ADDRESS 5756 KNOLLWOOD RD.
CITY-ST-ZIP GREEN COVE SPGS FL

TITLE ☒ Change ☐ Addition
NAME director
NAME BOBBIE SALAZAR
STREET ADDRESS 852-1 WARNER RD.
CITY-ST-ZIP GREEN COVE SPR. FL. 32043

TITLE ☐ Delete
NAME SALAZAR, BETH A
STREET ADDRESS 852 WARNER RD
CITY-ST-ZIP GREEN COVE SPGS FL 32043

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

TITLE ☐ Delete
NAME SALAZAR, PAUL
STREET ADDRESS 5756 KNOLLWOOD RD.
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE ☒ Change ☐ Addition
NAME DIRECTOR / PRESIDENT
STREET ADDRESS 852-1 WARNER RD.
CITY-ST-ZIP GREEN COVE SPR. FL. 32043

TITLE ☒ Delete
NAME HERNDON, MARGARET
STREET ADDRESS 2441 STONEBRIDGE
CITY-ST-ZIP ORANGE PARK FL

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

TITLE ☐ Delete
NAME MCELVAIN, LOU ANN
STREET ADDRESS 504 BURHAM PL
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☒ Change ☐ Addition
NAME DIRECTOR/TREASURE
NAME LOU ANN MCELVAIN
STREET ADDRESS 504 DURHAM PLACE
CITY-ST-ZIP GREEN COVE SPRINGS, FL. 32043

TITLE ☒ Delete
NAME HERNDON, J.C.
STREET ADDRESS 2441 STONEBRIDGE DR
CITY-ST-ZIP ORANGE PARK FL

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

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: *Beth A Salazar* 1-13-99 904-281-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #