

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29647

1. Entity Name

CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90126 012 ****61.25

Principal Place of Business

949 CR 217
 JACKSONVILLE FL 32234
 US

Mailing Address

CLAY HILL COMM. SERVICE
 P.O. BOX 1553
 MIDDLEBURG FL 32050-1553
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5925 Long Branch Cemetery Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

City & State

4. FEI Number

59-2961497

Applied For

Not Applicable

Zip

32234

Country

Clay

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCOTT, STEVE
 949 CR 217
 JACKSONVILLE FL 32234

7. Name and Address of New Registered Agent

Name

Robert R Johns

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

5925 Long Branch Cemetery Rd.

City

Jacksonville

FL

Zip Code

32234

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

Robert R. Johns

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2000

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	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, ROBERT R.	
STREET ADDRESS	5925 LONG BRANCH CEMETERY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONELL WEBB	
STREET ADDRESS	5915 LONG BRANCH CENETERY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BELINDA	
STREET ADDRESS	1483 FLOYD JOHNS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	CARTER, LEON W	
STREET ADDRESS	2204 LOUIE CARTER RD	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDON, G.S.	
STREET ADDRESS	6130 BOBBY PADGETT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STEVE	
STREET ADDRESS	949 CR. 217	
CITY-ST-ZIP	JACKSONVILLE FL 32234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert R Johns	
STREET ADDRESS	5925 Long Branch Cemetery Rd.	
CITY-ST-ZIP	Jacksonville, Fl 32234	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Scott	
STREET ADDRESS	949 CR. 217	
CITY-ST-ZIP	Jacksonville, Fl 32234	

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: *W. Carter* **SIGNATURE REQUIRED** W. CARTER 4-24-2000 289-7876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21037 (3/99)