

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90266 039 \*\*\*\*\*61.25

**DOCUMENT # N29647**

1. Entity Name

**CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

**5925 LONG BRANCH CEMETERY ROAD  
 JACKSONVILLE FL 32234  
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2961497**

Applied For

☒ Not Applicable

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

**JOHNS, ROBERT R  
 5925 LONG BRANCH CEMETERY ROAD  
 JACKSONVILLE FL 32234**

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  
 After September 12, 2001, min. will be \$236.25**

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	<input type="checkbox"/> Delete
NAME	JOHNS, ROBERT R	
STREET ADDRESS	5925 LONG BRANCH CEMETERY ROAD	
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	T	<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	V	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STEVE	
STREET ADDRESS	949 CR. 217	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parrish, William
STREET ADDRESS	6235 CR-218
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: Robert R. Johns**

**Sept. 1, 2001**

**(904) 289-7172**

CR2E037 (5/01)