

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37132

1. Entity Name

CLAY COUNTY CONSOLIDATED CHILDREN'S CHARITIES, I

Principal Place of Business

236 INDUSTRIAL LOOP
ORANGE PARK FL 32073
US

Mailing Address

236 INDUSTRIAL LOOP
ORANGE PARK FL 32073
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

59-3538247

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

MCLEAN, TOM
3899 VALENCIA ROAD
JACKSONVILLE FL 32205

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 PD
NAME DUNCAN, STEVE
STREET ADDRESS 775 CREIGHTON ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME DUNCAN, ROBERT S III
STREET ADDRESS 1926 MILLER STREET
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GOLDER, LINDA
STREET ADDRESS 351 CROSSING BLVD.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME MCLEAN, TOM
STREET ADDRESS 3899 VALENCIA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CROOK, MONTY C
STREET ADDRESS P.O. BOX 784
CITY-ST-ZIP ORANGE PARK FL 32067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THRASHER, JOHN E
STREET ADDRESS 2510 RIVER PLACE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)