

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N37132**

1. Entity Name

CLAY COUNTY CONSOLIDATED CHILDREN'S CHARITIES, INC.

Principal Place of Business

236 INDUSTRIAL LOOP

ORANGE PARK

32073

US

FL

Mailing Address

236 INDUSTRIAL LOOP

ORANGE PARK

32073

US

FL

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCLEAN TOM
3899 VALENCIA ROAD

JACKSONVILLE

32205

US

FL

7. Name and Address of New Registered Agent

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 reinstalling)

01/10/2001

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	THRASHER JOHN E	
STREET ADDRESS	2510 RIVER PLACE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROOK MONTY C	
STREET ADDRESS	P.O. BOX 784	
CITY-ST-ZIP	ORANGE PARK FL 32067	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCLEAN TOM	
STREET ADDRESS	3899 VALENCIA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32050	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDER LINDA	
STREET ADDRESS	351 CROSSING BLVD.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNCAN ROBERT III	
STREET ADDRESS	1926 MILLER STREET	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNCAN STEVE	
STREET ADDRESS	775 CREIGHTON ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA DAVIS-MILLS	
STREET ADDRESS	351 CROSSING BLVD APT 1032	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TOM MCLEAN

DT

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)