

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38583

1. Entity Name

CLAY COUNTY GOVERNMENTAL LEASING CORPORATION

Principal Place of Business

Mailing Address

477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043
US

PO BOX 1366
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCRUBY, MARK
CLAY COUNTY
477 HOUSTON ST.
GREEN COVE SPRINGS 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 DV ☐ Delete
NAME LASSITER, GLENN R
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE DCP ☐ Delete
NAME BUSH, GEORGE A
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE D ☒ Delete
NAME WILSON, DALE S.
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Change ☒ Addition
NAME FITZGERALD, CHRISTY
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Delete
NAME MCGOVERN, PATRICK D
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE D ☐ Delete
NAME LANCASTER, LARRY R.
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE ST ☐ Delete
NAME WILSON, ROBERT M
STREET ADDRESS 477 HOUSTON ST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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: DEAN LASSITER GLENN R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01 (904) 269-6376

Date

Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90026 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (10/00)