

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38583**

1. Entity Name

CLAY COUNTY GOVERNMENTAL LEASING CORPORATION**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90053 025 ****61.25

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 \$61.259. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
LASSITER, GLENN R
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUSH, GEORGE A
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITZGERALD, CHRISTY
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCGOVERN, PATRICK D
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANCASTER, LARRY R.
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DVTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WILSON, ROBERT M
477 HOUSTON ST
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)(l), 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: *Patrick D. McGovern* **McGovern**

01/22/02 (904) 269-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)