2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am § Secretary of State **DOCUMENT # N48678** 1. Entity Name 05-29-2001 90002 025 ****70.00 SOUTHEAST CLAY CIVIC ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address ひひひせんり POST OFFICE BOX 1407 POST OFFICE BOX 1407 GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3037108 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLIC, SHIRLEY L. 213 SIX POND TRAIL **GREEN COVE SPRINGS FL 32043** City 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. (NOTI Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaigr Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition CR2E037 (10/00) TITLE ☐ Delete TITLE HOLIC, SHIRLEY L NAME NAME STREET ADDRESS 213 SIX POND TRAIL STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRGS FL** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME HOLIC, JOHN P. NAME STREET ADDRESS 213 SIX POND TRAIL STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRGS FL CITY-ST-7IP ۷D ☐ Change TITLE ☐ Delete TITLE ☐ Addition RUST, GRANT D JR NAME NAME STREET ADDRESS 203 SNAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRGS FL** SD Change TITLE Delete TITLE ☐ Addition NAME RUST, CAROLYN J NAME STREET ADDRESS 203 SNAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRGS FL TITLE Delete Change TITLE ☐ Addition NAME BOYETT, PAULA J NAME STREET ADDRESS 213 SIX POND TRAIL STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify to 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 ray signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reserver 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 attackment with an address, with all other like empowered.

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