

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000002102****1. Entity Name**
CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.**Principal Place of Business**
793 BLANDI NG BLVD
STE G
ORANGE PARK FL 32065**Mailing Address**
793 BLANDI NG BLVD
STE G
ORANGE PARK FL 32065**2. Principal Place of Business**
901 NORTH ORANGE STREET**3. Mailing Address**
P.O. BOX 548**Suite, Apt. #, etc.****Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
GREEN COVE SPRINGS FL**City & State**
GREEN COVE SPRINGS FL**4. FEI Number**
☒ Applied For
☒ Not Applicable**Zip**
32043**Country****Zip**
32043**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****WOOLSEY JAMES E**
793 BLANDING BLVD
STE G
ORANGE PARK FL 32065**Name**
BEATY ROBERT K
Street Address (P.O. Box Number is Not Acceptable)
1775 EAGLE HARBOR PARKWAY
City
ORANGE PARK **FL** **Zip Code**
32003**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 ROBERT K. BEATY****09/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WOOLSEY JAMES
793 BLANDI NG BLVD
ORANGE PARK FL 32065 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILMORE JOE
2521 WINDWOOD LN
ORANGE PARK FL 32073 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
DURFEE REGINA
STATE ATTYS OFFICE, CO COURTHOUSE
GREEN COVE SPGS FL 32043 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NACHTSHEM KARLA
23 S. GREEN STREET
GREEN COVE SPGS FL 32043 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NACHTSHEIM KARLA
23 S GREEN STREET
GREEN COVE SPRING FL 32043 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NEWMAN MARY ANNE
P.O. BOX 548
GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MACHTSHEIM KARLA
23 S GREEN ST
GREEN COVE SPGS FL 32043 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BEATY ROBERT K
1775 EAGLE HARBOR PARKWAY
ORANGE PARK FL 32003 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VC-D
GILMORE JOE CHAIRMA
2521 WINDWOOD LANE
ORANGE PARK FL 32073 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VC-D
THIES JIM
831 N. PALMETTO AVENUE
GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
GILMORE JOSEPH M
2521 WINDWOOD LN
ORANGE PARK FL 32073 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
LANCASTER SCOTT
P.O.BOX 548
GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition**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: Robert K. Beaty** DT 09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)