

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90181 003 ****61.25

DOCUMENT # N95000002102

1. Entity Name

CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.

Principal Place of Business

Mailing Address

901 NORTH ORANGE STREET
 GREEN COVE SPRINGS FL 32043

P.O. BOX 548
 GREEN COVE SPRINGS FL 32043

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

NOT APPLICABLE

Applied For

Not Applicable

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

BEATY, ROBERT K
1775 EAGLE HARBOR PARKWAY
ORANGE PARK FL 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating).

DATE

After September 13, 2002,
min. will be \$236.25.

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 **DC** ☐ Delete
 NAME **LANCASTER, SCOTT**
 STREET ADDRESS **P.O. BOX 548**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☒ Change ☐ Addition
 NAME **LANCASTER, Scott**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC-D** ☐ Delete
 NAME **THIES, JIM**
 STREET ADDRESS **831 N. PALMETTO AVENUE**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **DC** ☒ Change ☐ Addition
 NAME **Thies, Jim**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **BEATY, ROBERT K**
 STREET ADDRESS **1775 EAGLE HARBOR PARKWAY**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

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

TITLE **S** ☐ Delete
 NAME **NEWMAN, MARY ANNE**
 STREET ADDRESS **P.O. BOX 548**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **D** ☐ Delete
 NAME **NACHTSHEM, KARLA**
 STREET ADDRESS **23 S. GREEN STREET**
 CITY-ST-ZIP **GREEN COVE SPGS FL 32043**

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

TITLE **D** ☐ Delete
 NAME **GILMORE, JOE**
 STREET ADDRESS **2521 WINDWOOD LN**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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:

Robert K Beaty

7/5/02

904-264-8890

CR2E037 (4/02)