

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-21-2003 90558 047 ****61.25

1/21

DOCUMENT # N95000002102

1. Entity Name

CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.



Principal Place of Business

Mailing Address

801 NORTH ORANGE STREET
GREEN COVE SPRINGS FL 32043

P.O. BOX 548
GREEN COVE SPRINGS FL 32043

55006194



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

Name

Janet Smith Fox

Street Address (P.O. Box Number is Not Acceptable)

1476 901 North Orange Avenue

City

Green Cove Springs FL

Zip Code

32043

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

Janet Smith Fox, Treasurer

1/7/2003

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LANCASTER, SCOTT
STREET ADDRESS P.O. BOX 548
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE D
NAME Tim Collins, Office of State Attorney
STREET ADDRESS P.O. Box 1362
CITY-ST-ZIP Green Cove Springs, FL 32043 ☒ Change ☒ Addition

TITLE DC
NAME THIES, JIM
STREET ADDRESS 831 N. PALMETTO AVENUE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE D
NAME Norma V. Martin
STREET ADDRESS 23 South Green Street
CITY-ST-ZIP Green Cove Springs, FL 32043 ☐ Change ☒ Addition

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

TITLE D
NAME Janet Smith Fox
STREET ADDRESS 901 North Orange Avenue
CITY-ST-ZIP Green Cove Springs, FL 32043 ☐ Change ☒ Addition

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

TITLE S
NAME Madelyn Proctor
STREET ADDRESS 85 DeBarry Ave 3074
CITY-ST-ZIP ORANGE PARK, FL 32073 ☐ Change ☒ Addition

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

TITLE
NAME Membership
STREET ADDRESS Susanne Hall
CITY-ST-ZIP 800 Walnut St
Green Cove Springs, FL 32043 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14, 2003

904-269-6368

Date

Daytime Phone #

CR2037 (10/02)