

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005060

1. Entity Name

CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 045 ****61.25

Principal Place of Business

PAUL C. ARMSTRONG SOFTBALL COMPLEX
 2445 COUNTY ROAD 220
 DOCTOR'S INLET FL 32030

Mailing Address

P.O. BOX 480
 DOCTOR'S INLET FL 32030-0480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3246617**

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

MITCHELL, ALAN
 2040 WELLS RD., APT 1C
 ORANGE PARK FL 32073

Name

Susan G. Whitlatch

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

3436 Peoria Rd

City

Orange Park

FL

Zip Code

32065

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 *Susan G. Whitlatch*

Susan G. Whitlatch

2-2-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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
 P.
 MITCHELL, ALAN
 2040 WELLS RD., APT 1C
 ORANGE PARK FL 32073 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/B
 Susan G. Whitlatch
 3436 Peoria Rd
 Orange Park, FL 32065 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 HALBROOK, CANDY
 2120 FARM WAY
 MIDDLEBURG FL 32068 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 Spencer Hall
 1265 Floyd Street
 Green Cove Springs FL 32043 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 DAVIES, BARBARA J
 752 BRANSCOMB RD
 GREEN COVE SPRINGS FL 32043 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 THOMAS, LYNN
 5454 CR 209 SOUTH
 GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 Kathleen Striellen
 2576 Wingfield Lane
 Middleburg FL 32068 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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)(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: *Susan G. Whitlatch - President*

(904) 858-5236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)