

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90344 005 ****61.25

0017471

DOCUMENT # N96000005060

1. Entity Name

CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.



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**

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 **59-3246617**

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

**JOLLEY, MARK
1805 SHERATON LAKES CR
MIDDLEBURG FL 32068**

Name

Tania Jolley

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

1805 Sheraton Lakes Circle

City

Middleburg

FL

Zip Code

32068

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

Tania Jolley **Tania Jolley**

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
After September 10, 2003, min will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOLLEY, MARK	
STREET ADDRESS	1805 SHERATON LAKES CR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HECK, BART	
STREET ADDRESS	1694 ASHWOOD DR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JEANNE	
STREET ADDRESS	6275 SOUTH CREEK RD	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOLLEY, TANIA	
STREET ADDRESS	1805 SHERATON LAKES CR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATTEN, LARRY	
STREET ADDRESS	8755 E SPRING HARVEST LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Perrick Lovell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1805 Sheraton Lakes	
STREET ADDRESS	Middleburg, FL 32068	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tania Jolley	
STREET ADDRESS	1805 Sheraton Lakes CR	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Johnson-Scholl	
STREET ADDRESS	2410 Cane Ct	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Tillman	
STREET ADDRESS	Rich's 220	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	Bernard Scholl III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2410 Cane Ct	
STREET ADDRESS	Middleburg, FL 32068	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tania Jolley **Tania Jolley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904 291 3562

CR2E037 (4/03)