

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000122

1. Entity Name

CLAY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INCORP

Principal Place of Business

1734 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address

1734 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90115 002 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3554061**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PASS, ORIEN L
1734 KINGSLEY AVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLIFORD, HELEN**
STREET ADDRESS **400 BLANDING BLVD**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
NAME **PITTS, DONALD M**
STREET ADDRESS **794 BLANDING BLVD**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Delete
NAME **WHITE, PEGGY**
STREET ADDRESS **5001 ST. JOHNS AVE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Delete
NAME **MYERS, JACK**
STREET ADDRESS **320 CORPORATE WAY, STE. 200**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **CD** ☐ Delete
NAME **HEAD, ROBERT J JR**
STREET ADDRESS **1530 BUSINESS CENTER DR**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
NAME **PRICE, JIM**
STREET ADDRESS **P.O. DRAWER H**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHRMN** ☒ Change ☐ Addition
NAME **LE FEVRE, RANDE**
STREET ADDRESS **301 WEST BAY ST. #1100**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **V CHRMN** ☒ Change ☐ Addition
NAME **WHITE, PEGGY**
STREET ADDRESS **P.O. BOX 1429**
CITY-ST-ZIP **PALATKA, FL 32178-1429**

TITLE **SECY** ☒ Change ☐ Addition
NAME **WILKINSON, JON**
STREET ADDRESS **6320 ST. AUGUSTINE RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME **MILLER, FRANK**
STREET ADDRESS **200 WEST FORSYTH ST. SUITE 1400**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☒ Change ☐ Addition
NAME **PRICE, JIM**
STREET ADDRESS **P.O. BOX 1770**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERTSON, DAVID**
STREET ADDRESS **4651 SALISBURY ROAD, SUITE 400**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-12-01

0007295

CR2E037 (10/00)