

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90048 042 \*\*\*\*61.25

**DOCUMENT # N99000000122**

1. Entity Name

**CLAY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INCORPORATED**

Principal Place of Business

Mailing Address

**1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

**1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

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

**59-3554061**

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

**PASS, ORIEN L  
1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete  
NAME **LE PEVRE, RANDE**  
STREET ADDRESS **301 WEST BAY ST #1100**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VC** ☒ Delete  
NAME **WHITE, PEGGY**  
STREET ADDRESS **6320 ST AUGUSTINE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **S** ☐ Delete  
NAME **WILKINSON, JON**  
STREET ADDRESS **6320 ST AUGUSTINE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **T** ☐ Delete  
NAME **MILLER, FRANK**  
STREET ADDRESS **200 WEST FORSYTH ST SUITE 1400**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **CD** ☐ Delete  
NAME **ROBERTSON, DAVID**  
STREET ADDRESS **4651 SALISBURY RD SUITE 400**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete  
NAME **PRICE, JIM**  
STREET ADDRESS **PO BOX 1770**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Ted McGowan**  
STREET ADDRESS **954 Martin Avenue**  
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Gregory Moorehead**  
STREET ADDRESS **296 Blanding Blvd.**  
CITY-ST-ZIP **Orange Park, FL 32073**

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

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

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/11/02

(904) 213-2627

CR2E037 (9/01)