

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90011 034 ****61.25

DOCUMENT # N99000005517
 1. Entity Name
CLAY COUNTY CRACKER DAY ASSOCIATION INC.

Principal Place of Business Mailing Address
2463 ST RD 16 W **P.O. BOX 634**
GREEN COVE SPRINGS FL 32043 **GREEN COVE SPRINGS FL 32043**

004001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3598230 Not Applicable

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

6. Name and Address of Current Registered Agent
HENDRY, GAYWARD F
577 BRANSCOMB RD.
GREEN COVE SPRINGS FL 32043

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 _____ (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	<input type="checkbox"/> Delete
NAME	HARVIN, P. BRUCE	
STREET ADDRESS	P.O. BOX 268	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRY, GAYWARD F	
STREET ADDRESS	577 BRANSCOMB RD.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUM, BELINDA L	
STREET ADDRESS	1234 BUGGY WHIP TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kari Dollar	
STREET ADDRESS	P.O. Box 278	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Kwaak	
STREET ADDRESS	67 Lion St	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Wilbur	
STREET ADDRESS	1782 Joe Wilber Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melanie Williams	
STREET ADDRESS	6175 Bobbie Padgett Rd.	
CITY-ST-ZIP	Maxville, FL 32234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Boccieri	
STREET ADDRESS	1921 Rose Mallow Ln	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chereese Stewart	
STREET ADDRESS	6201 C.R. 218	
CITY-ST-ZIP	Maxville, FL 32234	

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: *Gayward F Hendry* 4-16-01 904+350-0900

CR2E037 (10/00)

ATTACHMENT 654267

~~NS00000557~~

Additional Directors

10) Dee Borsheim
3376 Wall Rd.
Green Cove Springs, FL 32043

11) Susan Ryan
4898 Kangaroo Cir.
Middleburg, FL 32043
