

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0057808

DOCUMENT # N99000005517

1. Entity Name

CLAY COUNTY CRACKER DAY ASSOCIATION INC.

03-31-2002 90365 042 ****61.25

Principal Place of Business

Mailing Address

2463 ST RD 16 W
 GREEN COVE SPRINGS FL 32043

P.O. BOX 634
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

2463 St. Rd 16 W

P.O. Box 634

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Green Cove Springs, FL

Green Cove Springs, FL

Zip
32043

Country
USA

Zip
32043

Country
USA

4. FEI Number

NOT APPLICABLE

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

**HENDRY, GAYWARD F
 577 BRANSCOMB RD.
 GREEN COVE SPRINGS FL 32043**

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 | 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 | D | <input type="checkbox"/> Delete |
| NAME | DOLLAR, KARI | |
| STREET ADDRESS | PO BOX 278 | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KWAAK, KAREN | |
| STREET ADDRESS | 67 LION ST | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILBUR, CRAIG | |
| STREET ADDRESS | 1782 JOE WILBER RD | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02 904+351-0900

Date

Daytime Phone #

CR2E037 (9/01)