

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90032 030 ***550.00

DOCUMENT # 847966

1. Entity Name

ST. CLAIR CORPORATION, INC.

Principal Place of Business

2108 LAKE HEATHER WAY
 BIRMINGHAM AL 35242

Mailing Address

2108 LAKE HEATHER WAY
 BIRMINGHAM AL 35242

2. Principal Place of Business
 279 Trace Ridge

3. Mailing Address
 279 Trace Ridge

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hoover, AL

City & State
 Hoover, AL

4. FEI Number **59-2011515**

Applied For
 Not Applicable

Zip
 35244

Country

Zip
 35244

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
 50 N. LAURA STREET, STE. 3300
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Gresham R. Stoneburner**
 Street Address (P.O. Box Number is Not Acceptable)
225 Water Street, Suite 2050
 City **Jacksonville** **FL** Zip Code **32202**

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 *Gresham R Stoneburner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

7-27-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUTHERLIN, STEPHEN M.	
STREET ADDRESS	2108 LAKE HEATHER WAY	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMARI, RICHARD S.	
STREET ADDRESS	96 WILLARD ST., STE #302	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, ROBERT W.	
STREET ADDRESS	269 SOUTH 7TH STREET	
CITY-ST-ZIP	GADSDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLIN, GEORGE A.	
STREET ADDRESS	289 WEST PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTHERLIN, KAREN B.	
STREET ADDRESS	302 W FLETCHER AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sutherlin, Stephen M.	
STREET ADDRESS	279 Trace Ridge	
CITY-ST-ZIP	Hoover, AL 35244	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen M. Sutherlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/2000
 Date

205-305-4777
 Daytime Phone #

CP2E034 (5/00)