## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE

## **FILED** DOCUMENT # N01673 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** CLOVERLEAF STUDIO 9, INC. 03-06-2000 90046 033 \*\*\*\*61.25 Mailing Address Principal Place of Business 900 N. BROAD ST. 900 N. BROAD ST. BROOKSVILLE FL 34601-2345 **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2662815 Not Applicable Zip Ζiρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD Street Address (P.O. Box Number is Not Acceptable 900 N. BROAD 57 44 JOHNSON, CARLA 900 N. BROAD ST. **BROOKSVILLE FL 34601** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change **Addition** DP TITLE TITLE EDWARD F. BOROVSKY NAME NAME JOHNSON, CARL A. 900 N. BROAD ST. # 4156 STREET ADDRESS STREET ADDRESS 900 N. BROAD ST. #2029 CITY-ST-ZIP City-ST-ZIP BROCKS VILLE, FL. 3460/ <u>Brooksville</u> fl Change ☐ Addition Delete TITLE v, PRES DS TITLE JOHNSON, CARL A NAME LARSON, FLORENCE B NAME BROOKSVILLE, FL. 34601 STREET ADDRESS STREET ADDRESS 900 N.-BROAD-ST:. #73 CITY-ST-ZIP CITY-ST-7IP BROOKSVILLE FL 34601 **Addition** Delete TITLE EARD, HELMA NAME NAME Stark, Benjamin E. 900 N.BROAD ST. # 4/60 STREET ADDRESS STREET ADDRESS 900 N. BROAD ST. #2027 CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL Addition Delete TITLE TITLE PORTER, CHUCK NAME LOWE, ANNE NAME PROPERVILLE, FL. 34601 STREET ADDRESS STREET ADDRESS 900 N. BROAD ST., #4162 CITY-ST-7IP CITY-ST-7IP BROOKSVILLE FL 34601 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

PESID FOUARD F. BORDVSKY 2-22-00 3527965224