

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90086 041 \*\*\*158.75

**DOCUMENT # P94000046422**

1. Entity Name  
**CLC, INC.**

Principal Place of Business <b>4306 PABLO OAKS COURT          JACKSONVILLE FL 32224          US</b>	Mailing Address <b>P.O. BOX 16469          JACKSONVILLE FL 32245-6469          US</b>
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DO NOT WRITE IN THIS SPACE

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

Zip	Country	Zip	Country
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4. FEI Number <b>59-3261535</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COGGIN, LUTHER W  
 4306 PALBO OAKS COURT  
 JACKSONVILLE FL 32224**

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)  
 Signature, typed or printed name of registered agent and title if applicable. 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 <b>DC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COGGIN, LUTHER W</b>		NAME	
STREET ADDRESS <b>4306 PABLO OAKS COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COGGIN, BLANCHE B</b>		NAME	
STREET ADDRESS <b>4306 PALBO OAKS COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOMM, C. B.</b>		NAME	
STREET ADDRESS <b>4306 PALBO OAKS COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOBLE, NANCY D</b>		NAME	
STREET ADDRESS <b>4306 PABLO OAKS COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>TS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARLETTE, LINDA</b>		NAME	
STREET ADDRESS <b>4306 PABLO COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda Marlette **Linda Marlette**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-17-00**  
 Daytime Phone #: **904-992-4110**

CR2E034 (9/99)