

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 158607

1. Entity Name

ALCLIFF INVESTMENT COMPANY

Principal Place of Business

Mailing Address

502-10 N HOGAN ST
JACKSONVILLE FL 32202
US

C/O CHARLES C SMITH JR
4985 ARAPAHOE AVE
JACKSONVILLE FL 32210-8349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6057618

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

ULMER, THOMAS P
2970 ST JOHNS AVENUE
JACKSONVILLE FL 32205

Name CHARLES C. SMITH JR

Street Address (P.O. Box Number is Not Acceptable)
4985 ARAPAHOE AVE

JACKSONVILLE

City

FL

Zip Code

32210

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

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 ~~PD~~ ☐ Delete

NAME ULMER, THOMAS P.
STREET ADDRESS 2970 ST JOHNS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ~~PD~~ ☐ Delete

NAME SMITH, CHARLES C JR
STREET ADDRESS 4985 ARAPAHOE AVE.
CITY-ST-ZIP JAX FL 32210

TITLE ~~ATD~~ ☐ Delete

NAME GUILLEBEAU, MARTHA
STREET ADDRESS 7944 LIMOGES DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME V/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME P/T/S/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90015 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)