

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90033 046 \*\*\*150.00

0014553

**DOCUMENT # 158607**

1. Entity Name  
**ALCLIFF INVESTMENT COMPANY**

Principal Place of Business  
**502-10 N HOGAN ST  
JACKSONVILLE FL 32202  
US**

Mailing Address  
**C/O CHARLES C SMITH JR  
4985 ARAPAHOE AVE  
JACKSONVILLE FL 32210  
US**

701500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6057618**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**SMITH, CHARLES C JR  
4985 ARAPAHOE AVE  
JACKSONVILLE FL 32210**

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

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, 2001 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 NAME ☐ Delete  
**ULMER, THOMAS P.**  
STREET ADDRESS  
CITY-ST-ZIP **2970 ST JOHNS AVENUE  
JACKSONVILLE FL 32205**

TITLE NAME ☒ Change ☐ Addition  
**VPD**

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

TITLE NAME ☒ Change ☐ Addition  
**PSTD**

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

TITLE NAME ☐ Change ☐ Addition  
**ATD**  
**NO change**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 powers.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/01 (904) 281-1990**  
Date Daytime Phone #

CR2E034 (10/00)