

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90393 036 ***150.00

0622814 AT

DOCUMENT # 159123

1. Entity Name

CAMP CLOUDMONT FOR BOYS INC

Principal Place of Business

CLOUDMONT RESORT

~~20 BOX 435 LOOKOUT MT. PARKWAY~~ **#89/**
MENTONE AL 35984 **Co. Rd. 614**

Mailing Address

CLOUDMONT RESORT

P O BOX 435 LOOKOUT MT. PARKWAY
MENTONE AL 35984



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

59-0599293

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

WAKEFIELD, THOMAS H
SUITE 202, KEY BISCAYNE BANK BLDG.
91 W MCINTYRE
KEY BISCAYNE FL 33149

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, 2002 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 **JONES, JACK E.**
 STREET ADDRESS **CLOUDMONT RESORT**
 CITY-ST-ZIP **MENTONE AL 35984**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **JONES, OLIVE S.**
 STREET ADDRESS **CLOUDMONT RESORT**
 CITY-ST-ZIP **MENTONE AL 35984**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Olive S. Jones, Secy **OLIVE S. JONES**

APRIL 12, 2002

(256)

6344344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
DOC# 159123

Postal Dept. -

Mrs Jack E Jones

Please note that our
mailing address
must be;

P. O. Box 435

(omit Lookout Mt. Parkway)
as we pick up our
mail at the Mentone
Post Office -- and
they're very strict
about the above; and
we want to be sure
we receive our mail.

*They also have a rural delivery to
Boxes on the route & that is
the reason for my request.

Olive E. Jones, Secy.
(Mrs. Jack E.)



ST. JOSEPH'S INDIAN SCHOOL
Chamberlain, SD 57326
www.stjo.org