

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91218 003 \*\*\*150.00

DOCUMENT # 405186

1. Entity Name  
CLOTFELTER REALTY, INC.



Principal Place of Business  
2425 S.W. 135 ST.  
OCALA FL 32673

Mailing Address  
2425 S.W. 135 ST.  
OCALA FL 32673



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1410233

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

CLOTFELTER, DEANNA  
2425 S.W. 135TH STREET  
OCALA FL 34473

Name RICHARD CLOTFELTER  
Street Address (P.O. Box Number is Not Acceptable)  
2425 SW 135th ST  
City Ocala FL Zip Code 34473

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard W Clotfelter*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *STP* ☐ Delete  
NAME CLOTFELTER, RICHARD W.  
STREET ADDRESS 6906 SE 12TH CIR  
CITY-ST-ZIP Ocala FL

TITLE *PVTS* ☐ Change ☐ Addition  
NAME RICHARD W CLOTFELTER  
STREET ADDRESS 6906 SE 12th CIR  
CITY-ST-ZIP Ocala FL

TITLE *P* ☒ Delete  
NAME CLOTFELTER, DEANNA  
STREET ADDRESS 6906 SE 12TH CIR  
CITY-ST-ZIP Ocala FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W Clotfelter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

352-347-0786

Daytime Phone #

CR2E034 (10/02)