

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90059 024 \*\*\*\*61.25

DC 182

**DOCUMENT # 765730**

1. Entity Name

**CLAN DUNBAR, INC.**

Principal Place of Business

4226 HAYDEN PARK DRIVE  
 OWENSBORO KY 42303  
 US

Mailing Address

4226 HAYDEN PARK DRIVE  
 OWENSBORO KY 42303  
 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

**02-0408172**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUNBAR, JAMES SCOTT**  
**RT 2, BOX 4961**  
**CRAWFORDVILLE FL 32327**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
DCP	DUNBAR, DANIEL G		
4226 HAYDEN PARK DRIVE	OWENSBORO KY 42303		
SD	DUNBAR, CAROLYN P		
4226 HAYDEN PARK DRIVE	OWENSBORO KY 42303		
TD	MAKSEL, MATTHEW T		
100 ELLINWOOD DR APT C-222	PLEASANT HILL CA 94523		
VD	CLUGSTON, NORMAN D		
5202 BELLFLOWER BLVD	LAKEWOOD CA		

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 617, 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:** *James Scott Dunbar* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 *Jan* 2001 270926A226  
 Date Daytime Phone #

CR2E037 (10/00)