

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 28, 2002 8:00 am
Secretary of State

03-26-2002 90061 043 ****61.25

DOCUMENT # 765730
 1. Entity Name
CLAN DUNBAR, INC.

Principal Place of Business Mailing Address
 4226 HAYDEN PARK DRIVE 4226 HAYDEN PARK DRIVE
 OWENSBORO KY 42303 OWENSBORO KY 42303
 US US

2. Principal Place of Business 3. Mailing Address
2555 Wellington S. **2555 Wellington S.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Carson City NV 89703 **Carson City NV 89703**
 Zip Country Zip Country
89703 **U.S.A.** **89703** **U.S.A.**

4. FEI Number Applied For
02-0408172 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 4981
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent
 Name **Dunbar, David Gordon**
 Street Address (P.O. Box Number is Not Acceptable)
10155 Collins Avenue, Apt. #1606
~~XXXXXXXXXXXXXXX~~
 City **Bal Harbor** **FL** Zip Code **33154**

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]* DATE: **Mar 13 / 02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	DUNBAR, DANIEL G	
STREET ADDRESS	4226 HAYDEN PARK DRIVE	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNBAR, CAROLYN P	
STREET ADDRESS	4226 HAYDEN PARK DRIVE	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAKSEL, MATTHEW T <i>Director</i>	
STREET ADDRESS	100 ELLINWOOD DR APT C-222	
CITY-ST-ZIP	PLEASANT HILL CA 94523	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLUGSTON, NORMAN D <i>Director</i>	
STREET ADDRESS	5202 BELFLOWER BLVD	
CITY-ST-ZIP	LAKEWOOD CA	
TITLE	Chieftain <i>Director</i>	<input type="checkbox"/> Delete
NAME	Robert W. Dunbar	
STREET ADDRESS	2555 Wellington S	
CITY-ST-ZIP	Carson City, NV 89703	
TITLE	Secretary <i>Director</i>	<input type="checkbox"/> Delete
NAME	Jeannine V. Dunbar	
STREET ADDRESS	2555 Wellington S.	
CITY-ST-ZIP	Carson City, NV 89703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 information empowered.

SIGNATURE: **R. W. Dunbar, Chieftain** **February 13, 2002** 1-725-841-182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)