

2002 UNIFORM BUSINESS REPORT (UBR)

0006577 AT

DOCUMENT # A23168

1. Entity Name
CLAY INVESTMENT GROUP, LTD.

FILED

02 JAN 11 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH



Principal Place of Business
**555 WELLS RD.
ORANGE PARK FL 32073**

Mailing Address
**555 WELLS RD.
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2708475**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, CARLYLE K.
1893 KINGSLEY AVE.
ORANGE PARK FL 32073**

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: DATE:

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

9. Capital Contributions as Shown on record. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BOATRIGHT, RONALD O.	555 WELLS RD.	ORANGE PARK FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MARTIN, CARLYLE K.	1893 KINGSLEY AVE.	ORANGE PARK FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400004782894--8
CITY-ST-ZIP	-01/18/02--01003--025
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1-9-02** Daytime Phone #

CR2E003 (9/01)