## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A97000002222 FILED 1. Entity Name 00 JAN 24 PM 1: 02 GEORGE C. CLARK INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2520 SUNSET POINT ROAD 2520 SUNSET POINT ROAD LOT 45 LOT 45 CLEARWATER FL 33765-1546 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3475617 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, GEORGE C Street Address (P.O. Box Number is Not Acceptable) 2520 SUNSET POINT ROAD **LOT 45 CLEARWATER FL 33765** City 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) 11. MAKE CHECK PAYABLE TO DEPT, OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # P97000086215 STREET ADORESS NAME GEORGE C. CLARK ENTERPRISES, INC. 2520 SUNSET POINT ROAD, LOT 45 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP DOCUMENT **#** 500003114015--0 STREET ADDRESS NAME STREET ADDRESS \*\*\*\*526.25 CITY-ST-7IP CFTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT#

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP



1/20/2000

727-799-14

Daytime Phone #