

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000026

1. Entity Name

CLC MANAGEMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

166 A1A NORTH
PONTE VEDRA BEACH FL 32082

Mailing Address

166 A1A NORTH
PONTE VEDRA BEACH FL 32082-1773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3484964

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, COLIN W.L.

114 REGENTS PLACE

PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

166 A1A North, Ste. E

City

Ponte Vedra Beach FL

Zip Code

32082

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

9. Capital Contributions
as Shown on record.

\$90,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000085412
NAME CLC MANAGEMENT, INC.
STREET ADDRESS 116 LAUREL COURT
CITY - ST - ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS 166 A1A North Ste E
CITY - ST - ZIP Ponte Vedra Beach, FL 32082

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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:

Colin W. L. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00
Date

904-285-2206
Daytime Phone #