

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90075 044 \*\*\*150.00

**DOCUMENT # F63354**

1. Entity Name

**CLARY REALTY INC.**

Principal Place of Business

**C/O DOROTHY HOVE CLARY  
 2301 KALIN LANE  
 SARASOTA, FL 34231**

Mailing Address

**2301 KALIN LANE  
 2301 KALIN LANE  
 SARASOTA FL 34231  
 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 **59-2194126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARY, DOROTHY HOVE  
 2301 KALIN LANE  
 SARASOTA FL 34231**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARY, GEORGE HOVE	
STREET ADDRESS	1818 BUCCANEER DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, KAREN CLARY	
STREET ADDRESS	5650 ST. LOUIS AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	CLARY, DOROTHY HOVE	
STREET ADDRESS	2301 KALIN LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, THOMAS W.	
STREET ADDRESS	5650 ST. LOUIS AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARY, ELIZABETH ANNE	
STREET ADDRESS	1818 BUCCANEER DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, KAREN CLARY	
STREET ADDRESS	4817 DUNN DR.	
CITY-ST-ZIP	SARASOTA, FL 34233	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: DOROTHY H CLARY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-01 941-922-7351**  
 Date Daytime Phone #

CR2E034 (10/00)