2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # F85511** 1. Entity Name CLARK CATTLE COMPANY 04-05-2000 90087 020 ***150.00 Principal Place of Business Mailing Address C/O BRYANT THOMAS CLARK, JR. C/O BRYANT THOMAS CLARK, JR. 3301 KETTERING RD. 3301 KETTERING RD. BROOKSVILLE FL 34602-8309 **BROOKSVILLE FL 34802** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2210179 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, BRYANT THOMAS, JR. Street Address (P.O. Box Number is Not Acceptable) 3301 KETTERING RD. **BROOKSVILLE FL 34602** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition ☐ Delete TITLE CLARK, BRYANT THOMAS JR NAME NAME 3301 KETTERING RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

City-St-ZIP

TITLE

NAME

☐ Delete

■ Addition

☐ Change