

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005499

1. Entity Name

CLAYTON GROUP, INC.

**FILED**  
Feb 16, 2000 8:00 am  
**Secretary of State**

02-16-2000 90120 013 \*\*\*158.75

Principal Place of Business

Mailing Address

9501 HWY 92 EAST  
TAMPA FL 33610

9501 HWY 92 EAST  
TAMPA FL 33610

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 04-3021921

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

WILLIAMS, JAMES C JR  
9501 HWY 92 EAST  
TAMPA FL 33610

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, 2000 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 DC ☐ Delete  
NAME WALSH, WILLIAM D.  
STREET ADDRESS 3000 SAND HILL ROAD, BLDG. 2, SUITE 140  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D ☐ Change ☒ Addition  
NAME Vollmeerschhausen, Dennis  
STREET ADDRESS 911 Lund Blvd  
CITY-ST-ZIP ANOKA, MN 55303

TITLE D ☐ Delete  
NAME TOMPKINS, WILLIAM D  
STREET ADDRESS #8 SEAWATCH DRIVE  
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE D ☐ Change ☒ Addition  
NAME James, George B.  
STREET ADDRESS 307 Walnut Street  
CITY-ST-ZIP San Francisco CA 94118

TITLE D ☐ Delete  
NAME FERRIS, ROBERT A.  
STREET ADDRESS 3000 SAND HILL ROAD, BLDG. 2, SUITE 140  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D ☐ Change ☒ Addition  
NAME Little, John  
STREET ADDRESS 3000 Sand Hill Road, Bldg-2, Ste. 140  
CITY-ST-ZIP Menlo Park CA 94025

TITLE D ☐ Delete  
NAME COSTANTINO, JOHN R.  
STREET ADDRESS 150 EAST 58TH STREET  
CITY-ST-ZIP NEW YORK NY 10155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WILLIAMS, JAMES C.  
STREET ADDRESS 9501 HWY 92 E  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME ODDIS, ALVO M  
STREET ADDRESS 9501 HWY 92 EAST  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00

(813) 626-7786

CR2E034 (9/99)