

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G43860

1. Entity Name

CLIFTON CONSOLIDATED CORPORATION OF FLORIDA

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90114 013 ***158.75

Principal Place of Business	Mailing Address
2340 WHITFIELD PARK AVE. #B SARASOTA FL 34243	2340 WHITFIELD PARK AVE SARASOTA FL 34243-4084 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2296861	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, MARGARET E.
4853 PALM AIRE DR
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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)	<input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, EDWIN	NAME	KLEIN, EDWIN
STREET ADDRESS	4853 PALM AIRE DR	STREET ADDRESS	4853 Palm Aire Dr.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Sarasota, FL 34243
TITLE	VAS <input type="checkbox"/> Delete	TITLE	President & Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MARGARET	NAME	Klein, Margaret
STREET ADDRESS	4853 PALM AIRE DR	STREET ADDRESS	4853 Palm Aire Dr.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Sarasota, FL 34243
TITLE	STD <input type="checkbox"/> Delete	TITLE	Secretary - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAGE, JOANN	NAME	Drage, Joann
STREET ADDRESS	2421 E JEFFERSON ST.	STREET ADDRESS	351 Dover Court
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Heathrow, Florida 32746
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	Margaret E. Klein	President	1-500	941-253-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E034 (9/99)