

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G77483**

1. Entity Name
CLA, INC.

f

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 042 ***150.00

Principal Place of Business
**136 PALMETTO DUNES CIRCLE
NAPLES FL 34113
US**

Mailing Address
**136 PALMETTO DUNES CIRCLE
NAPLES FL 34113
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2363618**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RODRIGUEZ, FRANKLIN G.
136 PALMETTO DUNES CR.
NAPLES FL 34113**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
NAME **RODRIGUEZ, FRANKLIN G.**
STREET ADDRESS **136 PALMETTO DUNES CR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **S** ☐ Delete
NAME **RODRIGUEZ, ALBERT F.**
STREET ADDRESS **136 PALMETTO DUNES CR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **T** ☐ Delete
NAME **GOODWIN, DOROTHY M.**
STREET ADDRESS **136 PALMETTO DUNES CR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00
Date

941-775-8390
Daytime Phone #

CR2E034 (5/00)

G7 1483

H0068125

KLA Inc.
136 Palmetto Dunes Circle
Naples FL 34113

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 22314

Subject: Uniform Business Report 2000

Gentlemen:

I am enclosing our check # 430 in the amount of \$150 in payment of the subject annual report.

We are surprised that we never received the notice in the early part of the year as we have been receiving, and punctually paying, for many years. Last year it was paid on 1/19/99, check # 421.

We would appreciate a clarification of this problem at your earliest convenience.

Very truly yours,

KLA Inc.


Franklin G. Rodriguez
