

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70649

1. Entity Name

CLEARY ENTERPRISES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90055 020 ***150.00

Principal Place of Business

710 W. ELKCAM CR., PH1
MARCO ISLAND FL 33937

Mailing Address

710 W. ELKCAM CR., PH1
MARCO ISLAND FL 34145-2281

2. Principal Place of Business

825 NEWELL TERR.
Suite, Apt. #, etc.

3. Mailing Address

825 NEWELL TERRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

4. FEI Number

59-2569172

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEARY, DANA T.
710 W. ELKCAM CR., PH1
MARCO ISLAND FL 33937 34145

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) ☐

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CLEARY, WESLEY D.	
STREET ADDRESS	710 W ELKCAM CIR, PH-1	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLEARY, DANA T.	
STREET ADDRESS	710 W ELKCAM CIR, PH-1	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLEARY, CATHERINE A	
STREET ADDRESS	710 W ILKCAM CIRCLE PH-1	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, WESLEY D.	
STREET ADDRESS	825 NEWELL TERRACE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, CATHERINE A	
STREET ADDRESS	825 NEWELL TERRACE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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:

Dana T. Cleary Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

941 394-6027

Daytime Phone #

CR2E034 (9/99)