

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24878

1. Entity Name

CLARK, ROUMELIS, AND ASSOCIATES, INC.

Principal Place of Business

% WILLIAM H. CLARK
1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303

Mailing Address

% WILLIAM H. CLARK
1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303-3196

FILED

00 AUG 31 PM 4: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1424 E. Piedmont Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee FL

Zip

32312

Country

USA

3. Mailing Address

1424 E. Piedmont Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee FL

Zip

32312

Country

USA

4. FEI Number

59-2687996

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM H.
1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
William H. Clark

Street Address (P.O. Box Number is Not Acceptable)

1424 E. Piedmont Dr.

Suite 200

City

Tallahassee

State

FL

Zip Code

32312

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 William H. Clark William H. Clark 831-00

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 DPT ☐ Delete
NAME CLARK, WILLIAM H.
STREET ADDRESS 4550 MILLWOOD LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE VS ☒ Delete
NAME JOHNSON, ROBERT D.
STREET ADDRESS 2113 MAJESTIC WOODS BLVD
CITY-ST-ZIP APOPKA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 000003390480--6
STREET ADDRESS -09/12/00--01026--010
CITY-ST-ZIP *****550.00 *****550.00

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, director, or 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: William H. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00

Date

850-574-1514

Daytime Phone #

CR2E034 (9/99)