

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 023 ***150.00

DOCUMENT # J69900

1. Entity Name

THE CLARKSON COMPANY

Principal Place of Business

Mailing Address

UNIVERSITY BLVD S
 200
 JACKSONVILLE FL 32216

ATTN: GERALDINE G. BROWN
 3100 UNIVERSITY BLVD. S., STE. 200
 JACKSONVILLE FL 32216-2727

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 **52-1100398**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GERALDINE G
3100 UNIVERSITY BLVD.
SUITE 200
JACKSONVILLE FL 32216

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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	CLARKSON, CHARLES A	
STREET ADDRESS	3100 UNIVERSITY BLVD STE 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CLARKSON, PATRICIA H	
STREET ADDRESS	3100 UNIVERSITY BLVD. STE 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PTDS	<input type="checkbox"/> Delete
NAME	CLARKSON, ROBERT W	
STREET ADDRESS	3100 UNIVERSITY BLVD.S. #235	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Patricia H. Clarkson* **REQUIRED**

PATRICIA H. CLARKSON, Vice President

4/28/00

(904) 359-0045

Date

Daytime Phone #

CR2E034 (9/99)