

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26822

1. Entity Name

CLAYTON & CLAYTON DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

5350 DIPLOMAT CIRCLE, SUITE 101
ORLANDO FL 32810

5350 DIPLOMAT CIRCLE, SUITE 101
ORLANDO FL 32810-5608

2. Principal Place of Business

Mailing Address

5337 Diplomat Circle

5337 Diplomat Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Orlando, Fla 32810

Orlando, Fla

Zip

Country

Zip

Country

32810

USA

32810

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH M. CLAYTON
220 N. PALMETTO AVE
ORLANDO FL 32801

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CLAYTON, BRANTLY W.
3300 LAKESHORE DR.
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CLAYTON, MARK A.
4326 PIERMONT CT.
ORLANDO-FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90113 050 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2907308

Applied For

Not Applicable

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