

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26610

1. Entity Name

CLARKLIFT OF ORLANDO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 12:43

Principal Place of Business

800 W. LANDSTREET RD
ORLANDO FL 32824

Mailing Address

800 W. LANDSTREET RD
ORLANDO FL 32824-8023

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

59-2973577

Applied For

Not Applicable

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

REECE, BRIAN C
800 W. LANDSTREET RD
ORLANDO FL 32824

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	SD	<input type="checkbox"/> Delete
NAME	REECE, WP	
STREET ADDRESS	800 W. LANDSTREET ROAD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	REECE, BRIAN	
STREET ADDRESS	800 W LANDSTREET ROAD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAGGETT, JON	
STREET ADDRESS	800 W LANDSTREET RD	
CITY-ST-ZIP	ORLANDO FL 32824	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE R. GALBRAITH	
STREET ADDRESS	100 BAHAMA BLVD	
CITY-ST-ZIP	CUCOA BEACH FL 32931	
TITLE	ASST. SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN C. CLAPP	
STREET ADDRESS	300 SHEPARD BLVD. #608	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003492611--2	
STREET ADDRESS	-12/11/00--01005--006	
CITY-ST-ZIP	*****61.25 *****61.25	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD