

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90189 005 \*\*\*150.00

**DOCUMENT #** 147028  
**1. Entity Name**  
CLV Properties, Inc.**Principal Place of Business** **Mailing Address**  
6033 Hollow Drive c/o Barbara Vandever  
Naples, Florida 34112 6033 Hollow Drive  
Naples, FL 34112**2. Principal Place of Business** **3. Mailing Address**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0168501 **Applied For**  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**Thomas B. Garlick, Esq.  
Annis, Mitchell, et al  
8889 Pelican Bay Blvd., Ste 300  
Naples, FL 34108**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**

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President/Treasurer</b> <input type="checkbox"/> Delete Donna D. Cleveland	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>c/o Barbara Vandever</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6033 Hollow Drive Naples, FL 34112
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Vice President/Secretary</b> <input type="checkbox"/> Delete Everett W. Cleveland	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>c/o Barbara Vandever</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6033 Hollow Drive Naples, FL 34112
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** PRES. **4/21/00** **941-774-7764**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)