

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95244

1. Entity Name

THE CLEALAND GROUP, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90114 031 ***150.00

826920



DO NOT WRITE IN THIS SPACE

607 CHAMBERLIN ST.
ALLAHASSE, FLORIDA 32312

Mailing Address
2507 CHAMBERLIN ST.
TALLAHASSE, FLORIDA 32312

2. Principal Place of Business
2507 Chamberlin Dr.
Suite, Apt. #, etc.

3. Mailing Address
2507 Chamberlin Dr.
Suite, Apt. #, etc.

City & State
Tall. FL.

City & State
Tall. FL.

Zip
32312

Country
Leon

Zip
32312

Country
Leon

4. FEI Number
59-3020859

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OBERMEYER, SUE A
2507 CHAMBERLIN ST.
TALLAHASSE, FLORIDA 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2507 CHAMBERLIN ST.
TALLAHASSE, FLORIDA 32312

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 *Sue A. Obermeyer* 3/6/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP OBERMEYER, DONNIE JOE 8819 RESERVATION DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OBERMEYER, SUE A. 8819 RESERVATION DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *SUE A. OBERMEYER* 3/6/00 850-523-9634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)