

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90016 046 ***150.00

DOCUMENT # L95244

1. Entity Name
THE CLEALAND GROUP, INC.

Principal Place of Business 2507 CHAMBERLIN DR TALLAHASSEE FL 32312 US	Mailing Address 2507 CHAMBERLIN DR TALLAHASSEE FL 32312 US
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C0037726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14416 N GREATER Hills	3. Mailing Address 14416 N GREATER Hills
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT, FL.	City & State CLERMONT, FL.	4. FEI Number 59-3020859	Applied For <input type="checkbox"/> Not Applicable
Zip 34711	Country USA	Zip 34711	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

~~OBERMEYER, SUE A~~
**2507 CHAMBERLIN ST
 TALLAHASSEE FL 32312**

Name **SUE A. Obermeyer**
 Street Address (P.O. Box Numbers Not Acceptable)
14416 N. GREATER Hills
CLERMONT FL 34711

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 Donnie Joe Obermeyer, Pres.
 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	DP DONNIE JOE OBERMEYER 14416 N. GREAT HIVE CLERMONT, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DST SUE A. OBERMEYER 14416 N. GREATER HILLS CLERMONT, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Donnie Joe Obermeyer, Pres. **352-394-8446**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **3-21-01** Page/Phone #

CR2E034 (10/00)