

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000006853**  
 1. Entity Name  
**CLANNECO, L.C.**

**FILED**  
**00 JAN 19 AM 11:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

|   |  |
|---|--|
| Principal Place of Business<br>302 SPYGLASS LANE<br>VERO BEACH FL 32963 | Mailing Address<br>302 SPYGLASS LANE<br>VERO BEACH FL 32963-4373 |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>65-0961799</b>                                   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**SOX, RICHARD N JR.**  
**101 GADSDEN STREET**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>CEDERHOLM, DAVID T<br>302 SPYGLASS LANE<br>VERO BEACH FL 32963 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

|   |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 600003118055--8<br>-02/01/00--01056--003<br>*****55.00 *****55.00 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *David T. Cederholm* **REQUIRED** *David T. Cederholm* 1/7/00 561.234.8669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #