

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006870**

1. Entity Name
NICHOLAS CLARKE AND ASSOCIATES, L.L.C.

Principal Place of Business
**6005 PROCTOR ROAD
TALLAHASSEE FL 32308**

Mailing Address
**6005 PROCTOR ROAD
TALLAHASSEE FL 32308-9004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603458

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARKE, NICHOLAS P
6005 PROCTOR ROAD
TALLAHASSEE FL 32308**

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **President and CEO**
STREET ADDRESS **Nicholas Clarke, MGRM**
CITY-ST-ZIP **6005 Proctor Rd.
Tallahassee, FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **300003315783-2**

TITLE Delete
NAME **COO (Chief Operating Officer)**
STREET ADDRESS **Jocelyn Clarke, MGRM**
CITY-ST-ZIP **6005 Proctor Rd.
Tallahassee, FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **07/07/00 01013 013
*****50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jocelyn Clarke **Jocelyn Clarke** 5/19/00 850-668-1396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99) 7