

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008527

## DOCUMENT #

1. Entity Name

CLA DEVELOPMENT, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

Principal Place of Business

Mailing Address

3532 RANCH VIEW TERRACE  
FORT WORTH, TX 76109

P.O. BOX 100909  
FT. WORTH, TX  
76185

2. Principal Place of Business

3532 RANCH VIEW TERR.

3. Mailing Address

P.O. BOX 100909

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT WORTH

City & State

FORT WORTH, TX

4. FEI Number

75-2855 446

Applied For

Not Applicable

Zip

76109

Country

USA

Zip

76185

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHARLES L. ADAMS  
3532 RANCH VIEW TERR.  
FORT WORTH, TX 76109

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003187530--5  
-03/28/00--01079--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
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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:

CHARLES L. ADAMS  
Signature and typed or printed name of signing managing member or manager

Date

Daytime Phone #

3/13/00 817-731-7119

CR2E083 (11/99)