

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 23, 2001 8:00 am
Secretary of State

03-08-2001 90059 036 ****61.25

DOCUMENT # N00000002690

1. Entity Name

DEVELOPMENTAL CENTER - CLAY, INC.

Principal Place of Business

**6710 86TH AVENUE NORTH
 PINELLAS PARK FL 33782**

Mailing Address

**6710 86TH AVENUE NORTH
 PINELLAS PARK FL 33782**

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM L JR
 2301 PARK AVENUE, SUITE 404
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **Hicks, Andrew P. PH.D.**

Street Address (P.O. Box Number is Not Acceptable)

6710 86th Ave North

City

Pinellas Park

FL

Zip Code

33782

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

Andrew P. Hicks **Andrew P. Hicks Ph.D. President**

2/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Detweiler, Robert D.**
 CITY-ST-ZIP **8482 Deauville
 Pinellas Park 33781**

TITLE ☐ Change ☒ Addition
 NAME **President / Secretary**
 STREET ADDRESS **Hicks, Andrew P.**
 CITY-ST-ZIP **6710 86th Ave N.
 Pinellas Park, FL 33782**

TITLE ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **McKelvey, T. Bruce**
 CITY-ST-ZIP **6710 86th Ave N
 Pinellas Park, FL 33782**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew P. Hicks **Andrew P. Hicks, Ph.D. President** **2/27/01** **727 822-6914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)