

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09896

1. Entity Name

CHARLES W. CLAYTON FAMILY FOUNDATION, INC.

Principal Place of Business

C/O CHARLES W. CLAYTON, III
SUITE 100, 611 WYMORE RD.
WINTER PARK FL 32789

Mailing Address

C/O CHARLES W. CLAYTON, III
SUITE 100, 611 WYMORE RD.
WINTER PARK FL 32789

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

59-2678484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CLAYTON, CHARLES W., III
611 WYMORE ROAD
SUITE 100
WINTER PARK FL 32789

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

PD
CLAYTON, COLE W.
1190 N. PARK AVENUE
WINTER PARK FL 32789

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VD
ROLL, HOPE E.
1309 RAINTREE PLACE
WINTER PARK FL 32789

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

SD
DODGE, LINDA
611 WYMORE RD
WINTER PARK FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

TD
CLAYTON, CHARLES W
611 N. WYMORE ROAD
WINTER PARK FL 32789

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
CLAYTON, CLAY W.
1190 N. PARK AVENUE
WINTER PARK FL 32789

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
ZORIAN, BETTY JANE
454 CHERRYWOOD GARDENS DR..
MAITLAND FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ Addition

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TITLE
NAME

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90010 048 ****61.25

00037402



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)