

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90148 003 ****61.25

DOCUMENT # N20264

1. Entity Name

CLAN GILLEAN USA INC. ✓

Principal Place of Business

Mailing Address

P. O. BOX 4061
ALVIN TX 77511

P. O. BOX 4061
ALVIN TX 77511

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

56-0836635

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

FORSMAN, ROBERT H.
4010 OAK HAMMOCK LANE
FT. PIERCE FL 34981

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 \$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 PD
NAME LANE, OWEN KIRK
STREET ADDRESS 742 LAKEWOOD DRIVE
CITY-ST-ZIP JEFFERSON TN 37760 ☒ Delete

TITLE PD
NAME Greek, Clarence Norman
STREET ADDRESS 2519 Regency Park Dr
CITY-ST-ZIP Murfreesboro TN 37129-1150 ☒ Change ☒ Addition

TITLE T
NAME MCLANE, DAVID NEIL
STREET ADDRESS 232 OAK MANOR DRIVE
CITY-ST-ZIP ALVIN TX ☐ Delete

TITLE Secretary/Treasurer ID
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VPD
NAME GREEK, CLARENCE N
STREET ADDRESS 2519 REGENCY PARK DR.
CITY-ST-ZIP MURFREESBORO TN 37129-1150 ☒ Delete

TITLE VPD
NAME Claude W. Hicks
STREET ADDRESS 3072 Ashby Dr
CITY-ST-ZIP Macon Ga 31204 ☒ Change ☒ Addition

TITLE SD
NAME MOVEY, CHARLES H
STREET ADDRESS 1124 RIVERWOOD DR.
CITY-ST-ZIP NASHVILLE TN 37216 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

8/28/02

281-393-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)