

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90028 042 \*\*\*\*61.25

**DOCUMENT # N46638**

1. Entity Name

**THE GEORGE C. CLARK FOUNDATION, INC.**

Principal Place of Business

2520 SUNSET POINT RD.  
 LOT 45  
 CLEARWATER FL 33765

Mailing Address

2520 SUNSET POINT RD.  
 LOT 45  
 CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3099865**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKALSKI, JOSEPH C.**  
**14010 ROOSEVELT BLVD**  
**STE 708**  
**CLEARWATER FL 33762**

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 ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **CLARK, DAVID**  
 CITY-ST-ZIP **2321 HARN BLVD.**  
**CLEARWATER FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CLARK, LOIS M**  
 CITY-ST-ZIP **2520 SUNSET PT RD LOT 45**  
**CLEARWATER FL 33765**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CLARK, NANCY R.**  
 CITY-ST-ZIP **5415-1ST WAY N**  
**SAINT PETERSBURG FL 33703**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **CLARK, MARSHA**  
 CITY-ST-ZIP **2321 HARN BLVD.**  
**CLEARWATER FL 33765**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CLARK, GEORGE C JR**  
 CITY-ST-ZIP **P.O. BOX 248 N/A**  
**EVERSON WA 98247**

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

TITLE ☐ Delete  
 NAME **PTT**  
 STREET ADDRESS **CLARK, GEORGE C.**  
 CITY-ST-ZIP **2520 SUNSET POINT ROAD #45**  
**CLEARWATER FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **CLEARWATER FL 33765**

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:

*George C. Clark* 1/28/02

727-799-1423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)