

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90164 025 ****61.25

DOCUMENT # N97000000257

1. Entity Name

CLELAND FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1100 SOUTH ORLANDO AVENUE
 APARTMENT 703
 MAITLAND FL 32751

1100 SOUTH ORLANDO AVENUE
 APARTMENT 703
 MAITLAND FL 32751-6474

80016370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2288064

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

CLELAND, ARDELL H
1100 SOUTH ORLANDO AVENUE
APARTMENT 703
MAITLAND FL 32751

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 **VPD**
 STREET ADDRESS **CLELAND, ARDELL H**
 CITY-ST-ZIP **1100 SOUTH ORLANDO AVE., APARTMENT 703**
MAITLAND FL 32751

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **CLELAND, ROBERT H**
 CITY-ST-ZIP **1000 WASHINGTON AVE., BOX 913**
BAY CITY MI 48707

TITLE Change Delete
 NAME
 STREET ADDRESS **15838 WINDMILL POINTE**
 CITY-ST-ZIP **GROSSE POINTE PARK MI 48230**

TITLE Delete
 NAME **STD**
 STREET ADDRESS **CLELAND, PAULA M**
 CITY-ST-ZIP **1000 WASHINGTON AVE., BOX 913**
BAY CITY MI 48707

TITLE Change Delete
 NAME
 STREET ADDRESS **15838 WINDMILL POINTE**
 CITY-ST-ZIP **GROSSE POINTE PARK MI 48230**

TITLE Delete
 NAME **D**
 STREET ADDRESS **CLELAND, CARRIE E**
 CITY-ST-ZIP **1000 WASHINGTON AVE., BOX 913**
BAY CITY MI 48707

TITLE Change Delete
 NAME
 STREET ADDRESS **27662 ALISO CREEK ROAD # 7204**
 CITY-ST-ZIP **ALISO VIEJO CA 92656**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Delete
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. CLELAND 2 FEB 00 313.234.5525