

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090929

1. Entity Name

CLAYTON DISPOSAL FACILITY, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90163 024 ***150.00

Principal Place of Business

Mailing Address

2375 CENTERVILLE RD
TALLAHASSEE FL 32308

2375 CENTERVILLE RD
TALLAHASSEE FL 32308

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3489 Sedona Loop

Suite, Apt. #, etc.

3. Mailing Address

3489 Sedona Loop

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number

59-3675777

Applied For

Not Applicable

Zip Country
32308

Zip Country
32308

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

GLOVER, RICHARD A
2375 CENTERVILLE RD
TALLAHASSEE FL 32308

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 *Ben L. Clayton, III*
Signature, typed or printed name of registered agent and fee if applicable.

Ben L. Clayton, III

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CLAYTON, TRAVIS L
CITY-ST-ZIP RT. 3, BOX 375
HAVANA FL 32333

TITLE ☒ Change ☐ Addition
NAME Director/1st Vice President
STREET ADDRESS Travis L. Clayton
CITY-ST-ZIP 3431 Shady Rest
Havana, Florida 32333

TITLE ☐ Delete
NAME D
STREET ADDRESS CLAYTON, BEN L III
CITY-ST-ZIP 3489 SEDONA LOOP
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME 2nd Vice President
STREET ADDRESS Barbara Clayton
CITY-ST-ZIP 3489 Sedona Loop
Tallahassee, Florida 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ben L. Clayton, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben L. Clayton, III

Date

Daytime Phone #

4/14/01 (850) 878-2848

CR2E034 (10/00)