

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23684

1. Entity Name

CLARK MANAGEMENT COMPANY, INCORPORATED

Principal Place of Business

P O BOX 3090  
BOYNTON BCH FL 33424

Mailing Address

P O BOX 3090  
BOYNTON BCH FL 33424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZINK, GREGORY L  
54 RIVER DRIVE  
OCEAN RIDGE FL 33435

4. FEI Number 13-2766088

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CLARK, ALFRED C.  
168 VIA BETHESDA  
PALM BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MV  
ZINK, GREGORY L.  
54 RIVER DRIVE  
OCEAN RIDGE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
ZINK, CARMEN  
54 RIVER DRIVE  
OCEAN RIDGE NY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Zink

4-11-01

Date

Daytime Phone #

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90181 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)