

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P93000000803

1. Entity Name

CLARKE ICE CREAM COMPANY

FILED
May 23, 2000 8:00 am
Secretary of State

04-28-2000 90059 039 ***150.00

Principal Place of Business CLARKE ICE CREAM COMPANY 1627 U S 1 #20 SEBASTIAN FL 32958	Mailing Address CLARKE ICE CREAM CO 1627 U S 1 #20 SEBASTIAN FL 32958-3818 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1361992	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Rae Boyd
Street Address (P.O. Box Number is Not Acceptable)
1627 US One Suite 20
City Sebastian FL Zip Code 32958

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 Rae Boyd RAE BOYD CORPORATE SECRETARY 5/15/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PT CLARKE, HENRY D 271 LLWYD'S LN VERO BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR John J Nicholson 3446 SW Armellini Ave Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MARVIN TUCKERSTOWN BERMUDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID D Clarke 56 Milbank Avenue Greenwich CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRIS, WILMOT LJR. 170 MASON ST GREENWICH CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wilmot Harris Jr 170 Mason Street Greenwich CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARKE, DONNA L 271 LLWYDS LN. VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Richard Armellini 3446 SW Armellini Ave Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary RAE Boyd 730 Kroegel Ave Sebastian FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Henry D Clarke Jr 2743 Ocean Drive Vero Beach FL 32958

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: Rae Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 561 581 0828
Date Daytime Phone #

CR2E034 (9/99)