

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000020505**

1. Entity Name

Dave's CC Club, Inc

Principal Place of Business

Mailing Address

**P.O. Box 12251
Tallahassee, FL
32317**

APPROVED
AND
FILED

00 MAR 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

On Sam's Lane

3. Mailing Address

P.O. Box 12251

Suite, Apt. #, etc.

Off Bradfordville Rd

Suite, Apt. #, etc.

Tallahassee

City & State

Tallahassee FL

City & State

FL

Zip

32308

Country

Leon

Zip

32317

Country

Leon

6. Name and Address of Current Registered Agent

**David M. Claytor
302 Glenview Dr.
Tallahassee, FL 32317**

4. FEI Number

54-320-3988

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)

3/17/2000
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

TITLE **P**
NAME **David M. Claytor** ☐ Delete
STREET ADDRESS **Off Sam's Lane**
CITY-ST-ZIP **Off Bradfordville Rd
Tallahassee, FL 32308** ☐ Delete

TITLE **VP**
NAME **Elizabeth B. Clark** ☐ Delete
STREET ADDRESS **Off Sam's Lane**
CITY-ST-ZIP **Off Bradfordville Rd
Tallahassee, FL 32308** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2000
Date

Daytime Phone #

CR2E034 (9/99)