

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020505

1. Entity Name

DAVE'S C.C. CLUB, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90021 049 ***150.00

Principal Place of Business

ON SAM'S PLACE, OFF BRADFORDVILLE RD.
TALLAHASSEE FL 32308

Mailing Address

~~PO BOX 1225~~
TALLAHASSEE FL 32317

1752 Moses Lane
Tallahassee, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3203988

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

CLAYTON, DAVID M
~~302 GLENVIEW DR~~ 1752 Moses Lane
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

Elizabeth B. Clark

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLAYTON, DAVID M
STREET ADDRESS 1752 Moses Lane
CITY-ST-ZIP OFF SAMS LANE, OFF BRADFORDVILLE RD.
TALLAHASSEE FL 32308

TITLE
NAME CLAYTOR, DAVID M.
STREET ADDRESS 1752 MOSES LANE
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP
NAME CLARK, ELIZABETH
STREET ADDRESS 1752 Moses Lane
CITY-ST-ZIP 302 GLENVIEW DR
TALLAHASSEE FL 32308

TITLE
NAME CLARK, ELIZABETH
STREET ADDRESS 1752 MOSES LANE
CITY-ST-ZIP Tallahassee FL 32308

TITLE
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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:

Elizabeth B. Clark

ELIZABETH B. CLARK

Date

4/23/01 (850) 894-0181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0028807

CR2E034 (10/00)