

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081167

Entity Name
CLABAUGH OF LONGBOAT CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90298 016 ***158.75

Principal Place of Business GULF OF MEXICO DRIVE 6 LONGBOAT KEY FL 34228	Mailing Address 7800 BAYBERRY RD JACKSONVILLE FL 32256-6856 US
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Principal Place of Business 33 PALM AVENUE	3. Mailing Address 7800 BAYBERRY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State JACKSONVILLE, FL
Zip 34236	Country USA
Zip 32256	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0459061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CLABAUGH, JAMES E
201 GULF OF MEXICO DR.
SUITE 6
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
DAVID GURLEY

Street Address (P.O. Box Number is Not Acceptable)
NORTH, GURLEY, HAMMERSLEY & LOPEZ

1819 MAIN STREET, SUITE 610

City
SARASOTA FL Zip Code
34236

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/26/00 DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
DP CLABAUGH, JAMES E 201 GULF OF MEXICO DR., SUITE 6 LONGBOAT KEY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLABAUGH, JAMES E 303 PALM AVENUE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VSTD FULLERTON, ROBERT C 7800 BAYBERRY RD., SUITE 100 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTAS FULLERTON, ROBERT C. 7800 BAYBERRY ROAD JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McCULLOUGH, PAMELA 303 PALM AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
4/19/00 Date
904-732-6500 Daytime Phone #

CR2E034 (9/99)