

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90359 045 \*\*\*150.00

**DOCUMENT # P93000083471**

1. Entity Name

**CLARKSON-MCCLURE ASSOCIATES, INC.**

Principal Place of Business

**3100 UNIVERSITY BLVD. S  
 SUITE 200  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**ATTN: GERALDINE G. BROWN  
 3100 UNIVERSITY BLVD. S., STE. 200  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3214917**

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

**BROWN, GERALDINE G  
 3100 UNIVERSITY BLVD. S  
 SUITE 200  
 JACKSONVILLE FL 32216**

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, 2002 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	CD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, CHARLES A		NAME	Clarkson, Charles A.	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235		STREET ADDRESS	3100 University Blvd So Ste 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, DONALD R		NAME	McClure, Donald R.	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235		STREET ADDRESS	3100 University Blvd So Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, ROBERT W		NAME	Clarkson, Robert W.	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235		STREET ADDRESS	3100 University Blvd So Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, PATRICIA H		NAME	Clarkson, Patricia H.	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235		STREET ADDRESS	3100 University Blvd So Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Donald R. McClure, President

4/25/02

(904) 359-0045

Date

Daytime Phone #

CR2E034 (9/01)