

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90075 027 ***158.75

DOCUMENT # P94000061786

1. Entity Name

CLIFFORD & LEE'S LIQUORS, INC.

Principal Place of Business

Mailing Address

**90 WEST & STATE ROAD 127 NORTH
 SANDERSON FL 32087**

**2533 NOBLEMAN COURT
 JACKSONVILLE FL 32223-5539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3263490

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MALONEY, FRANK E JR.
 445 EAST MACCLENNY AVENUE
 MACCLENNY FL 32063**

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, 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	P	<input type="checkbox"/> Delete
NAME	BISHARA, SAID M	
STREET ADDRESS	2533 NOBLEMAN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BISHARA, EDDIE	
STREET ADDRESS	2533 NOBLEMAN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BISHARA, FREDDIE	
STREET ADDRESS	2533 NOBLEMAN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BISHARA, KATHY T	
STREET ADDRESS	2533 NOBLEMAN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BISHARA, JOYCE S	
STREET ADDRESS	2533 NOBLEMAN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kathy T. Bishara
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1-2000

Date

904-260-3338

Daytime Phone #

CR2E034 (9/99)