

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90219 034 \*\*\*150.00

**DOCUMENT # P94000091987**

1. Entity Name

CLAYTON, JOHNSTON, QUINCEY, IRELAND, FELDER, GAD

Principal Place of Business

111 S.E. 1ST AVENUE  
 GAINESVILLE FL 32601

Mailing Address

111 S.E. 1ST AVENUE  
 GAINESVILLE FL 32601-6819

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

59-3283917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRELAND, LEONARD E JR.  
 111 S.E. 1ST AVENUE  
 GAINESVILLE FL 32601

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 re-registering)

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 | NAME                   | STREET ADDRESS         | CITY-ST-ZIP           | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------------|------------------------|-----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| D     | CLAYTON, JAMES E       | ROUTE 1, BOX 37        | MICANOPY FL 32667     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D     | ROUNDTREE, ROBERT E JR | 201 E. UNIVERSITY AVE. | GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D     | QUINCEY, JAMES S       | 1934 N.W. 32ND TERRACE | GAINESVILLE FL        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D     | IRELAND, LEONARD E JR. | 11129 N.W. 12TH PLACE  | GAINESVILLE FL 32608  | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D     | FELDER, CHARLES G      | 4431 N.W. 15TH PLACE   | GAINESVILLE FL 32605  | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D     | GADD, CHARLES M. JR.   | 4401 S.W. 81ST PLACE   | GAINESVILLE FL        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: By: Leonard E. Ireland, Jr. As President

3/17/00

352/376-4694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)