

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008585

1. Entity Name

DAVID CLARK PROPERTIES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90086 007 \*\*\*150.00

Principal Place of Business

Mailing Address

401 E CHASE  
 #105  
 PENSACOLA FL 32501

401 E CHASE  
 #105  
 PENSACOLA FL 32501-6180

2. Principal Place of Business

3. Mailing Address

17 W Cedar St  
 Suite, Apt. #, etc.  
 Suite 2

P.O. Box 13402  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Pensacola

City & State  
 Pensacola FL 32591

4. FEI Number 59-3432095

Applied For  
 Not Applicable

Zip Country  
 FL USA

Zip Country  
 32591 USA

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

LOZIER, DANIEL R  
 125 W. ROMANA STREET, SUITE 224  
 PENSACOLA FL 32501

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, 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 PD  
 NAME CLARK, DAVID T  
 STREET ADDRESS 401 E. CHASE ST. #105  
 CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS P.O. Box 13402  
 CITY-ST-ZIP Pensacola FL 32591 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CLARK 4-25-00 (850) 4347700  
 Date Daytime Phone #

CR2E034 (9/99)