

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100951

1. Entity Name

HAPPY CLAM COMPANY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90121 040 ***150.00

Principal Place of Business

Mailing Address

12516 HIGHWAY 24
CEDAR KEY FL 32625

P.O. BOX 54
CEDAR KEY FL 32625-0054

2. Principal Place of Business

12516 STATE ROAD 24

3. Mailing Address

PO BOX 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

City & State

CEDAR KEY, FL

Zip

32625

Country

LEVY

Zip

32625

Country

LEVY

4. FEI Number

59-3491684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F CPA
12604 SR 24 (NO MALL)
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name MICHELLE K. KELLING

Street Address (P.O. Box Number is Not Acceptable)
12516 STATE ROAD (HWY) 24

CEDAR KEY

City

FL

Zip Code

32625

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 MICHELLE K KELLING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Michelle K Kelling

2-15-00

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

TITLE PTD ☐ Delete
NAME BECKHAM, DONALD F
STREET ADDRESS 12516 HIGHWAY 24, POB 54 (NO MALL)
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE SD ☐ Delete
NAME KELLING, MICHELLE
STREET ADDRESS 12516 HIGHWAY 24, POB 54 (NO MALL)
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D ☐ Delete
NAME BECKHAM, DAPHNE DAWN
STREET ADDRESS 12516 HIGHWAY 24, POB 54 (NO MALL)
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Michelle K Kelling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE K KELLING 2-15-00 352-543-9661

Date

Daytime Phone #

CR2E034 (9/99)