

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105379

1. Entity Name  
ALFORD, JONES, INC.

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

09-08-2000 90007 038 \*\*\*550.00

Principal Place of Business

ROUTE 1 BOX 2000  
PALATKA FL 32177

Mailing Address

ROUTE 1 BOX 2000  
PALATKA FL 32177

2. Principal Place of Business

3816 Reid Street

Suite, Apt. #, etc.

3. Mailing Address

3816 Reid Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Palatka, Florida

Zip  
32177

Country

City & State  
Palatka, Florida

Zip  
32177

Country

4. FEI Number 59-3483329

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFORD, BRIAN  
ROUTE 1 BOX 2000  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name Kathryn A. Clapp

Street Address (P.O. Box Number is Not Acceptable)  
3816 Reid Street

City Palatka

FL

Zip Code 32177

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 *Kathryn A. Clapp*

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

(NOTE: Registered Agent signature required when reinstating)

9-7-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	C	<input type="checkbox"/> Delete
NAME	ALFORD, BRIAN	
STREET ADDRESS	ROUTE 1 BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	C	<input type="checkbox"/> Delete
NAME	CLAPP, KAY	
STREET ADDRESS	ROUTE 1 BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 *Kathryn A. Clapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

904-325-5177

Daytime Phone #

CR2E034 (5/00)