

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90183 023 ***150.00

DOCUMENT # P98000011766

1. Entity Name

CLARE VICKERY & ASSOCIATES, INC.

Principal Place of Business

**816 SOUTHEAST 8TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address

**816 SOUTHEAST 8TH STREET
FT. LAUDERDALE FL 33316-1206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187487

Applied For

Not Applicable

Zip

Country

Zip

Country

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****VICKERY, CLARE AICP
816 S.E. 8TH STREET
FT. LAUDERDALE FL 33316**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	VICKERY, CLARE	NAME	
STREET ADDRESS	816 SOUTHEAST 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	CITY-ST-ZIP	
TITLE	DVST	TITLE	
NAME	VICKERY, ROBERT	NAME	
STREET ADDRESS	430 N. 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 984-527-5415