

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000022574**

1. Entity Name

CLEARLAKE TITLE COMPANY**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 005 ***150.00

Principal Place of Business

Mailing Address

3950 RCA BLVD. STE.5001
PALM BEACH GARDENS FL 33410**3950 RCA BLVD. STE.5001**
PALM BEACH GARDENS FL 33410-4227**00008746**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2305 Seaford Drive3. Mailing Address
2305 Seaford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, Florida

City & State

Wellington, Florida

4. FEI Number

65-0819392Applied For
Not ApplicableZip
33414Country
Palm BeachZip
33414Country
Palm Beach5. 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****TREADWELL, KENNETH**~~**3950 RCA BLVD. STE.5001**~~~~**PALM BEACH GARDENS FL 33410**~~

Name

Street Address (P.O. Box Number is Not Acceptable)
2305 Seaford Drive

City

Wellington,**FL**Zip Code
33414

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	TREADWELL, KENNETH			
	3950 RCA BLVD. STE.5001			
	PALM BEACH GARDENS FL 33410			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2305 Seaford Drive	Wellington, Florida 33414		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(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 #

561-776-5112