

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029131

1. Entity Name  
CLEARLAKE DEVELOPMENT OF CENTRAL FLA., INC.

FILED

02 OCT 18 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5030 REECE RD.  
PLANT CITY FL 33567

Mailing Address

P. O. BOX 3921  
PLANT CITY FL 33564



REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3501270

Applied For

Not Applicable

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

FEASTER, RUSSELL  
5030 REECE RD.  
PLANT CITY FL 33567

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Russell Feaster*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/02  
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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME FEASTER, RUSSELL  
STREET ADDRESS 5030 REECE RD.  
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300008547343  
10/23/02--01003--025 \*\*750.00 ☐ Change ☐ Addition

TITLE D  
NAME ZAPPONE, NICK  
STREET ADDRESS 6533 AMI ANN CT.  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

*Nick Zappone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-02 813 478 9435

CR2E034 (4/02)