

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90001 029 \*\*\*150.00

**DOCUMENT # P99000002465**

1. Entity Name  
**CLARIE, GRAVES, REISCHMANN, P.A.**

A0005822



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 1101 PASADENA AVENUE SOUTH #1      1101 PASADENA AVENUE SOUTH #1  
 SOUTH PASADENA FL 33707      SOUTH PASADENA FL 33707-2815

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3552041**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name      **Charles F. Reischmann**  
 Street Address (P.O. Box Number is Not Acceptable)      **1101 Pasadena Avenue South, Suite 1**  
 City      **South Pasadena**      **FL**      **33709**

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 **Charles F. Reischmann**      DATE **1/6/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARIE, D'ARCY</b>	
STREET ADDRESS	<b>1101 PASADENA AVENUE SOUTH #1</b>	
CITY-ST-ZIP	<b>SOUTH PASADENA FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REISCHMANN, WILLIAM E SR.</b>	
STREET ADDRESS	<b>1101 PASADENA AVENUE SOUTH #1</b>	
CITY-ST-ZIP	<b>SOUTH PASADENA FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REISCHMANN, CHARLES F</b>	
STREET ADDRESS	<b>1101 PASADENA AVENUE SOUTH #1</b>	
CITY-ST-ZIP	<b>SOUTH PASADENA FL 33707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Graves, Thomas</b>	
STREET ADDRESS	<b>1101 Pasadena Avenue South, #1</b>	
CITY-ST-ZIP	<b>South Pasadena, FL 33707</b>	
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
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: **Charles F. Reischmann**      DATE **1/6/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)