

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028029

1. Entity Name

CLC FURNITURE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90066 042 ***150.00

Principal Place of Business

904 N. E. 3RD STREET
BELLE GLADE FL 33430

Mailing Address

904 N. E. 3RD STREET
BELLE GLADE FL 33430-2042

2. Principal Place of Business

1610 US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

1610 US Hwy 1
Suite, Apt. #, etc.

City & State

VERO BEACH, FLA.

City & State

VERO BEACH, FLA.

4. FEI Number

59-3571258

Applied For

Not Applicable

Zip

32960

Country

U.S.

Zip

32960

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNELL, RODNEY C
904 N. E. 3RD STREET
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name RODNEY C. CONNELL

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

1610 US Hwy 1

City VERO BEACH

FL

Zip Code 32960

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] Pres. / Director

4/24/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELL, RODNEY CLAY	
STREET ADDRESS	904 N. E. 3RD STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELL, LESLEY D	
STREET ADDRESS	904 N. E. 3RD STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1610 U.S. Hwy 1	
CITY-ST-ZIP	VERO BEACH, FLA. 32960	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1610 U.S. Hwy 1	
CITY-ST-ZIP	VERO BEACH, FLA. 32960	
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		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY "CLAY" CONNELL 4/24/00
Date

Daytime Phone #

561-562-3883

CR2E034 (9/99)