

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000045705**

1. Entity Name

**VANDERCLIFF INCORPORATED****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90091 033 \*\*\*150.00

Principal Place of Business

Mailing Address

**10091 GULF BLVD.  
TREASURE ISLAND FL 33706****C/O LOUIS L. WEINTRAUB  
20 PFLUEGER MANAGEMENT LANE  
WOLFEBORO NH 03894**

2. Principal Place of Business

3. Mailing Address

**c/o Louis L. Weintraub**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 243, 10 Benning Street**

City &amp; State

**West Lebanon, NH**

4. FEI Number

**58-2484753**

Applied For

Not Applicable

Zip

Country

Zip

**03784-3402**

Country

**US**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

**SPEAR, JO CLAIRE ESQ.  
877 EXECUTIVE CENTER DR. WEST  
GLADES BLDG., STE. #303  
ST. PETERSBURG FL 33702**

Name

**SPEAR, JO CLAIRE ESQ.**

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

**100 Second Avenue South****Suite 200S**

City

**St. Petersburg,****FL**Zip Code  
**33701**

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

**4/25/00**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>SPEAR, JO CLAIRE</b>	<b>877 EXECUTIVE CENTER DR. WEST, STE. #303 ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DPST</b>	<b>WEINTRAUB, LOUIS L.</b>	<b>PMB 243, 10 Benning Street West Lebanon, NH 03784-3402</b>
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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

**LOUIS L. WEINTRAUB****PRESIDENT**

Date

**4/14/00 (727) 360-3732**

Daytime Phone #