

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S19331**

1. Entity Name

JOHN E. CLACK & ASSOCIATES, INC.**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90221 050 ***150.00

Principal Place of Business

Mailing Address

**4400 HIGHWAY 20 EAST
SUITE 208
NICEVILLE FL 32578****PO BOX 5159
NICEVILLE FL 32580-0608**

2. Principal Place of Business

3. Mailing Address

340 Valparaiso Blvd**P. O. Box 608**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Valparaiso, FLCity & State
Valparaiso, FL

4. FEI Number

59-3043799

Applied For

Not Applicable

Zip
32580Country
USAZip
32580Country
USA

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

**CLACK, JOHN E.
126 BAYWIND DR
NICEVILLE FL 32578**

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.

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 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
**P
CLACK, JOHN E.
126 BAYWIND DRIVE
NICEVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CLACK, ELAINE G.
126 BAYWIND DRIVE
NICEVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HENGST, MARTIN D.
100 BAYWIND DRIVE
NICEVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CLACK, JEFF P.
8 HOLLY ROAD
CRESTVIEW FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLACK, PATTY W
8 HOLLY ROAD
CRESTVIEW FL 32539-7324** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 MAY 2000 850-729-0888