

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

0515406 AV

DOCUMENT # S93824

1. Entity Name

CLARK CHRISTOPHER DEMAY & YANCHEK, P.A.

03-15-2002 90020 003 ***150.00

Principal Place of Business

**1819 MAIN ST
STE. 500-1100
SARASOTA FL 34236
US**

Mailing Address

**P O DRAWER 49887
SARASOTA FL 34230
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-0293274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTOPHER, WILLIAM G
1819 MAIN ST SUITE 500
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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, 2002 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 **P** ☐ Delete
NAME **CLARK, DONALD D**
STREET ADDRESS **1819 MAIN ST #500-1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☒ Delete
NAME **YANCHER, JOHN A**
STREET ADDRESS **1819 MAIN ST #500**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **ST** ☐ Delete
NAME **CHRISTOPHER, WILLIAM G**
STREET ADDRESS **1819 MAIN ST #500-1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☐ Delete
NAME **DEMAY, DANIEL J**
STREET ADDRESS **1819 MAIN ST., #1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **President** ☐ Delete
NAME **Brown, Daryl S.**
STREET ADDRESS **1819 Main St., #1100**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Clark, Donald D.**
STREET ADDRESS **1819 Main Street, #1100**
CITY-ST-ZIP **Sarasota, FL 34236**

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

TITLE ☒ Change ☐ Addition
NAME **Christopher, William G.**
STREET ADDRESS **1819 Main Street, #1100**
CITY-ST-ZIP **Sarasota, FL 3236**

TITLE ☒ Change ☐ Addition
NAME **Demay, Daniel J.**
STREET ADDRESS **1819 Main Street, #1100**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☒ Addition
NAME **Brown, Daryl S.**
STREET ADDRESS **1819 Main Street, #1100**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☐ 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)(l), 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

Date

941-957-3800

Daytime Phone #

CR2E034 (9/01)