

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008989**

FILED

1. Entity Name  
**CLERMONT DEVELOPMENT, LLC**

01 MAR 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**5405 CYPRESS CENTER DRIVE, SUITE 320**      **5405 CYPRESS CENTER DRIVE, SUITE 320**  
**TAMPA FL 33609**      **TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3615777**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLCOMB, VICTOR W ESQUIRE**  
**415 SOUTH HYDE PARK AVENUE**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent  
Name **HOLCOMB, VICTOR W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**106 S. TAMPA AVENUE**  
**SUITE 200**  
City **TAMPA**      FL      Zip Code **33609**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RATH, FRED</b> <b>5405 CYPRESS CENTER DRIVE, SUITE 320</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>HARDER, WILLIAM</b> <b>5405 CYPRESS CENTER DRIVE, SUITE 320</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>MORRIS, THOMAS E</b> <b>9201 BAY POINTE DRIVE</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HARPER, WILLIAM</b> <b>5405 CYPRESS CENTER DRIVE, SUITE 320</b> <b>TAMPA, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MORRIS, THOMAS E</b> <b>9201 BAY POINTE DRIVE</b> <b>ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frederick Rath*      Date **3-23-01**      Daytime Phone # **813-636-8860**

CR2E083 (11/00)