

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90018 043 \*\*\*\*61.25

DOCUMENT # 763316

1. Entity Name  
 Clay Street Center Commercial Condominium No. 1  
 Inc.

Principal Place of Business Mailing Address  
 1254 South John Young Parkway 1254 South John Young Parkway  
 Kissimmee, Florida Kissimmee, Florida  
 34741 34741

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
	Osceola						

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Chalifoux Thomas E. Jr.		Name	
1254 South John Young Parkway		Street Address (P.O. Box Number is Not Acceptable)	
Kissimmee, Florida 34741			
		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 DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD Chalifoux Thomas E. Jr. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2311 Indian Mound Trail	NAME	
STREET ADDRESS	Kissimmee FL 34746	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD Chalifoux Carolyn A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2311 Indian Mound Trail	NAME	
STREET ADDRESS	Kissimmee FL 34746	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S-T-D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Couture Rene A. Jr.	NAME	
STREET ADDRESS	1720 Kings Hwy	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Florida 34744	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/21/00 407 846 0977

CR2E037 (9/99)