

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763316

1. Entity Name

CLAY STREET CENTER COMMERCIAL CONDOMINIUM NO. 1,

Principal Place of Business

1254 S JOHN YOUNG PKWY
KISSIMMEE FL 34741
US

Mailing Address

1254 S JOHN YOUNG PKWY
KISSIMMEE FL 34741
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

CHALIFOUX, THOMAS E JR
1254 S JOHN YOUNG PKWY
KISSIMMEE FL 34741

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

Thomas E Chalifoux Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHALIFOUX, THOMAS E., JR.
STREET ADDRESS 2311 INDIAN MOUND TR.
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

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

TITLE VD
NAME CHALIFOUX, CAROLYN A
STREET ADDRESS 2311 INDIAN MOUND TR.
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

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

TITLE STD
NAME COUTURE, RENE A., JR.
STREET ADDRESS 1720 KINGS HWY
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E Chalifoux Jr.
Date 4/24/2001 407 846-0977
Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90053 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)