

2002 UNIFORM BUSINESS REPORT (UBR)

0021194 SP

DOCUMENT # A30365

1. Entity Name
CLERMONT COMMERCIAL, LTD.

FILED

02 JAN 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3314 JUST-A-MERE COURT
WINDERMERE FL 34786**

Mailing Address
**3314 JUST-A-MERE COURT
WINDERMERE FL 34786**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-3015941** Applied For Not Applicable

Zip Country Zip Country

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

**STOMBECK, RICHARD M
3314 JUST-A-MERE COURT
WINDERMERE FL 34786**

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

9. Capital Contributions as Shown on record. **\$308,875.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$308,875.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	STROMBECK, ESTHER M 3314 JUST-A-MERE COURT WINDERMERE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	700004831807--8
NAME		CITY-ST-ZIP	-01/28/02--01092--010
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Esther Strombeck* General Partner 1-10-02 407-522-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)