


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021350 FP

**DOCUMENT # A30365**

1. Entity Name  
**CLERMONT COMMERCIAL, LTD.**



FILED  
03 JAN 30 AM 9:44

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      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	
DOCUMENT #	
NAME	<b>STROMBECK, ESTHER M</b>
STREET ADDRESS	<b>3314 JUST-A-MERE COURT</b>
CITY-ST-ZIP	<b>WINDERMERE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300011396063</b>
CITY-ST-ZIP	<b>01/30/03 01042 011 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-14-03 407-522-0123**  
Date      Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE