

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90083 040 ***150.00

0061064

DOCUMENT # H83892

1. Entity Name

CALAIS HOME CORPORATION

Principal Place of Business

20 N ORANGE AVE
 STE 1000
 ORLANDO FL 32801
 US

Mailing Address

20 N ORANGE AVE
 STE 1000
 ORLANDO FL 32801
 US

00033061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S. Orange Ave.
 Suite, Apt. #, etc.
 Suite 1000

3. Mailing Address

300 S. Orange Ave.
 Suite, Apt. #, etc.
 Suite 1000

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

58-1648175

Applied For

Not Applicable

Zip

32801

Country

Zip

32801

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J GREGORY
 20 N ORANGE AVE
 #1000
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 S. Orange Ave., Suite 1000

City

Orlando,

FL

Zip Code

32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> Delete
NAME	BARRINEAU, MICHAEL D	
STREET ADDRESS	20 N. ORANGE AVE. # 1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRINEAU, MICHAEL D(CEO)	
STREET ADDRESS	20 N. ORANGE AVE. #1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEAHY, DONNA C	
STREET ADDRESS	20 N. ORANGE AVE. #1000	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 S. Orange Ave., Suite 1000	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 S. Orange Ave., Suite 1000	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 S. Orange Ave., Suite 1000	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Michael D. Barrineau 3/27/01 281-444-9300

Date

Daytime Phone #

CR2E034 (10/00)