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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # H83892** 1. Ently Name CALAIS HOME CORPORATION 4-09-2001 90083 040 \*\*\*150.00 Principal Place of Business Mailing Address 20 N ORANGE AVE 20 N ORANGE AVE STE 1000 STE 1000 nn033061 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address <u>300 S. Orange Ave</u> <u> 300 S. Orange Ave</u> Suite, Apt. #, et Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 1000 Suite 1000 City & State City & State 4. FEI Number Applied For 58-1648175 Orlando, Florida Orlando. Not Applicable Florida Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 32801 32801 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **HUMPHRIES, J GREGORY** Street Address (P.O. Box Number is Not Acceptable) 20 N ORANGE AVE #1000 300 S. Orange Ave., Suite 1000 ORLANDO FL 32801 Zip Code <u>Orlando</u> 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE CPT Delete BARRINEAU, MICHAEL D NAME NAME 300 S. Orange Ave., Suite 1000 STREET ADDRESS STREET ADDRESS 20 N. ORANGE AVE. # 1000 Orlando, FL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE NAME NAME BARRINEAU, MICHAEL D(CEO STREET ADDRESS 300 S. Orange Ave., Suite 1000 STREET ADDRESS 20 N. ORANGE AVE. #1000 CITY-ST-ZIP Orlando, FL 32801 CITY-ST-ZIP ORLANDO FL X Change ☐ Addition TITLE ☐ Delete TITLE LEAHY: DONNA'C NAME NAME: 300 S. Orange Ave., Suite 1000 STREET ADDRESS STREET ADDRESS 20 N. ORANGE AVE. #1000 CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32801 ORLANDO FL 32801 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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