

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035606

1. Entity Name

CONFLUENCE REAL ESTATE PARTNERS INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90055 025 ***150.00

Principal Place of Business

~~1150 LOUISIANA AVENUE~~
~~SUITE 6~~
~~WINTER PARK FL 32789~~

Mailing Address

~~1150 LOUISIANA AVENUE~~
~~SUITE 6~~
~~WINTER PARK FL 32789~~

654976

2. Principal Place of Business

400 N. New York Avenue

3. Mailing Address

P.O. Box 1533

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Park FL

City & State
Winter Park FL

4. FEI Number

59.3641800

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32790.1533

Country

USA

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

WILLIAMS, RUSSELL E
1150 LOUISIANA AVENUE
SUITE 6
WINTER PARK FL 32789

Name

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

400 N. New York Avenue

Suite 101

City

Winter Park

FL

Zip Code

32789

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

4-27-01

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 **President** ☐ Delete
NAME **Russell E. Williams**
STREET ADDRESS **400 N. New York Avenue, Suite 101**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Russell E. Williams President

4-27-01 407.599.9500

Date

Daytime Phone #

CR2E034 (10/00)