

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078440

1. Entity Name

CLERMONT REALTY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90292 013 ***150.00

Principal Place of Business

675 E. HIGHWAY 50
CLERMONT FL 34711

Mailing Address

675 E. HIGHWAY 50
CLERMONT FL 34711

2. Principal Place of Business

652 E Hwy 50

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

FL

Zip

34711

Country

LAKE

Zip

Country

4. FEI Number

59-3668711

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

THACKER, WILLIAM R
675 E. HIGHWAY 50
CLERMONT FL 34711

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.

SIGNATURE William R. Thacker

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01
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	D	<input type="checkbox"/> Delete
NAME	THACKER, WILLIAM R	
STREET ADDRESS	675 E. HIGHWAY 50	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	THACKER, JOANNA M	
STREET ADDRESS	675 E. HIGHWAY 50	
CITY-ST-ZIP	CLERMONT FL 34711	
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	Thacker, William R	
STREET ADDRESS	652 E. Hwy 50	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thacker, Joanna M.	
STREET ADDRESS	652 E Hwy 50	
CITY-ST-ZIP	Clermont, FL 34711	
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		
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: William R. Thacker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

Daytime Phone #

CR2E034 (10/00)