

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000009180**

1. Entity Name

CLERMONT CORP. SOUTH FLORIDA, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91192 048 ***158.75

0010039
AT

Principal Place of Business

Mailing Address

**1400 CENTREPARK BLVD.
#1000
WEST PALM BEACH FL 33401**

**1400 CENTREPARK BLVD.
#1000
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0634079

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINMAN, JOHN
1400 CENTREPARK BOULEVARD
SUITE 1000
WEST PALM BEACH FL 33401**

Name

JOHN F. MARIANI, ESQUIRE

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

LEVY KNEEN MARIANI LLC

1400 CENTREPARK BOULEVARD, SUITE 1000

City

WEST PALM BEACH

FL

Zip Code

33401

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

John F. Mariani

JOHN F. MARIANI

4/1/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, KEVIN 1480 RIVERSIDE DR.#1401 OTTAWA, QUEBEC CA K1GH2 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, KEVIN 1480 RIVERSIDE DRIVE #1401 OTTAWA, QUEBEC CA K1GH2 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Kevin Murphy

4/1/02

Date

Daytime Phone #

CR2E034 (9/01)