

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066360

1. Entity Name

CALUSA CONSTRUCTION INCORPORATED OF CENTRAL FLOR

Principal Place of Business

1860 MOHICAN TRAIL
MAITLAND FL 32751
US

Mailing Address

P.O. BOX 941374
MAITLAND FL 32794-1374
US

2. Principal Place of Business

1860 Mohican Trail

3. Mailing Address

P.O. Box 941374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

Maitland FL

Zip

32751

Country

USA

Zip

32794

Country

USA

4. FEI Number

59-3208066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBARA, WILLIAM D
1860 MOHICAN TRAIL
MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
BARBARA, WILLIAM D
1860 MOHICAN TRAIL
MAITLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARBARA, BARBARA S
1860 MOHICAN TRAIL
MAITLAND FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Christine Schuessler
6702 Heritage Ln
Orlando FL 32829

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

WILLIAM D BARBARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Pg 1 of 2
06-30-2000 90004 004 ***150.00
P93000066360

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CALUSA CONSTRUCTION, INC.

Architectural & Construction Services

Post Office Box 941374 : Maitland : Florida : 32794

407 - 740-5969

JULY 24, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

DEAR SIRs:

I AM REQUESTING THE LATE FEE BE FORGIVEN IN THIS INSTANCE DUE TO CIRCUMSTANCES BEYOND MY CONTROL.

MY WIFE, BARBARA S. BARBARA, WAS RESPONSIBLE FOR FILING THIS REPORT. I SIGNED THE REPORT WITHIN THE CORRECT TIME TO BE SENT IN TO THE STATE.

MY WIFE AND I WERE GOING THROUGH AN UGLY DIVORCE. AFTER SHE MOVED OUT I FOUND A WHOLE BUNCH OF IMPORTANT DOCUMENTS THAT SHOULD HAVE BEEN MAILED CRUMBLED UP IN A FILING CABINET. THE ANNUAL REPORT WAS ONE OF THEM. I WASN'T AWARE IT HAD NOT BEEN SENT. I THEN FILLED OUT ANOTHER REPORT (AS THE ORIGINAL REPORT WAS ALL WRINKLED UP) AND MAILED IT IN.

AS YOU WILL NOTE SHE IS BEING REMOVED AS AN OFFICER.

I HOPE YOU WILL CONSIDER THESE CIRCUMSTANCES AND SUSPEND THE LATE FEE IN THIS INSTANCE.

THANK YOU.

SINCERELY,



WILL BARBARA
PRESIDENT