

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90003 008 ***150.00

DOCUMENT # P95000055633

1. Entity Name

CLASPELL REALTY, INC.

Principal Place of Business

Mailing Address

**2775 PACKARD AVENUE
 OVIEDO FL 32765**

**2775 PACKARD AVENUE
 OVIEDO FL 32765**

2. Principal Place of Business

4257 SUNNY BROOK WAY

3. Mailing Address

4257 Sunny Brook Way

Suite, Apt. #, etc.

STE 103

Suite, Apt. #, etc.

STE 103

City & State

WINTER SPRINGS, FL.

City & State

WINTER SPRINGS, FL

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

6. Name and Address of Current Registered Agent

**CLASPELL, CONNIE S
 2775 PACKARD AVENUE
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

CONNIE CLASPELL

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

4257 SUNNY BROOK WAY, STE 103

WINTER SPRINGS,

City

FL

Zip Code

32708

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

Connie Claspell **CONNIE CLASPELL**

1-9-01

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, 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	CLASPELL, CONNIE S	
STREET ADDRESS	2775 PACKARD AVENUE	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLASPELL, CONNIE	
STREET ADDRESS	4257 SUNNY BROOK WAY, STE 103	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
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		
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:

Connie Claspell **CONNIE CLASPELL** **1-9-01 407-695-9541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)