

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90015 015 ***158.75

DOCUMENT # P97000039107

1. Entity Name
TRS @ CLERMONT, INC.

Principal Place of Business 1370 SARNO RD., STE. A MELBOURNE FL 32935	Mailing Address 1370 SARNO RD., STE. A MELBOURNE FL 32935-5230
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6369306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 47 MARINA ISLES Blvd Suite, Apt. #, etc.	3. Mailing Address 47 MARINA ISLES Blvd Suite, Apt. #, etc.
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City & State Indian Harbour Bch, FL	City & State Indian Harbour Bch, FL	4. FEI Number 59-3464326	Applied For <input type="checkbox"/> Not Applicable
Zip 32937	Country USA	Zip 32937	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAVELL, MICAH G 1370 SARNO RD., STE. A MELBOURNE FL 32935	7. Name and Address of New Registered Agent Name: DONALD E. LEES Street Address (P.O. Box Number is Not Acceptable): 47 MARINA ISLES BLVD. City: INDIAN HARBOUR BEACH FL Zip Code: 32937
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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: *Donald E. Lees* DATE: 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVELL, MICAH G 1370 SARNO RD., STE. A MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD E LEES 47 MARINA ISLES BLVD Indian Harbour Bch FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA LEES 47 MARINA ISLES BLVD Indian Harbour Bch FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *Donald E. Lees* DATE: 3/23/2000 DAYTIME PHONE #: 321-543-1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)