

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90635 035 \*\*\*150.00

**DOCUMENT #**

P98000045730

**1. Entity Name**

LMC CLERMONT DEVELOPMENT, INC.

00056716

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**

**Mailing Address**

33 East Wall Street  
 Frostproof, Fl 33843

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

59-1004757

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Wilson, Peyton  
 33 East Wall Street  
 Frostproof, Fl 33843

**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 reinstating)

**DATE**

**9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**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**

<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	Wilson, Peyton	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	100 Palm Avenue	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	Frostproof, Fl 33843	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	Craddock, F. Hood	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	145 Lake Otis Road	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	Winter Haven, Fl 33884	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	Wilson, Patricia	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	2013 Rue Ulysse	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	Biloxi, MS 39531	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		
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<b>NAME</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		

**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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. HOOD CRADDOCK

4/26/01

Date

(863) 635-4804

Daytime Phone #

CR2034 (11/00)