

2001 UNIFORM BUSINESS REPORT (UBR)

6.

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-20-2001 90007 001 ***150.00
07-18-2001 90262 019 ***400.00

DOCUMENT # **798000053484**

1. Entity Name

KLUSMAN REALTY & DEVELOPMENT INC.

Principal Place of Business

Mailing Address

5321 CYPRESS RESERVE PL. SAME
W.P. FLA. 32792

C0073782

2. Principal Place of Business

3. Mailing Address

5321 CYPRESS RESERVE PL. 5321 CYPRESS RESERVE PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

WINTER PARK FLA. WINTER PARK FLA.

Zip

Country

Zip

Country

32792 USA 32792 USA

4. FEI Number

59-353 1821

Applied For

Not Applicable

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

ROBERT L. KLUSMAN
5321 CYPRESS RESERVE PL.
WINTER PARK FLA. 32792

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)

☐

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

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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **ROBERT L. KLUSMAN**
STREET ADDRESS **5321 CYPRESS RESERVE PL.**
CITY-ST-ZIP **W.P. FLA. 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **ROBERT L. KLUSMAN Robert L. Klusman**

5/28/01 (407) 475-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)