

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067335

1. Entity Name

CLEMATIS STREET PRODUCTIONS INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90064 010 \*\*\*150.00

Principal Place of Business

Mailing Address

~~201 CLEMATIS ST~~  
~~W. PALM BCH FL 33401~~

~~201 CHILIAN AVENUE~~  
PALM BEACH FL 33480-4629

320 CHILIAN AVE  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

320 Chilian Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Palm Beach, FL

4. FEI Number

65-0855422

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

US

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

~~TRAVIS, MERCEDES~~  
~~2198 CHILIAN AVENUE~~  
PALM BEACH FL 33480

FRANK SUGRUE  
320 CHILIAN AVE

Name

Frank Sugrue

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

320 Chilian Avenue

City

Palm Beach

FL

Zip Code  
33480

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

Frank Sugrue, RA, Sec., Treasurer & Director

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TRAVIS, MERCEDES	RESIGNED
STREET ADDRESS	2198 CHILIAN AVENUE	FRANK SUGRUE
CITY-ST-ZIP	PALM BEACH FL 33480	320 CHILIAN AVE
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUGRUE, FRANK	PALM BEACH FL 33480
STREET ADDRESS	2198 CHILIAN AVE	320 CHILIAN AVE
CITY-ST-ZIP	PALM BCH FL 33480	
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		

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Sugrue	
STREET ADDRESS	320 Chilian Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK SUGRUE

2/4/00

561-802-3537