

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90457 002 ***150.00

DOCUMENT # P98000100894

1. Entity Name

CLIFTON H. GORENFLO, P.A.

Principal Place of Business

301 W. STATE ROAD 434, STE. 317
WINTER SPRINGS FL 32708

Mailing Address

301 W. STATE ROAD 434, STE. 317
WINTER SPRINGS FL 32708

2. Principal Place of Business

116 S. Park Avenue

Suite, Apt. #, etc.

3. Mailing Address

116 S. Park Avenue

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32771

Country

USA

City & State

Sanford FL

Zip

32771

Country

USA

4. FEI Number

65-0883893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORENFLO, CLIFTON H
130 CRESCENT BLVD
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name Gorenflo, Clifton H.

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

230 Arnold Lane

City

Winter Springs

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

Clifton H. Gorenflo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3 08 01

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** ☐ Delete
NAME GORENFLO, CLIFTON H ESQUIRE
STREET ADDRESS 301 W. STATE ROAD 434, STE. 317
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME Gorenflo, Clifton H. Esquire
STREET ADDRESS 116 S. Park Avenue
CITY-ST-ZIP Sanford FL 32771

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

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

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

TITLE ☐ Change ☐ 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

CLIFTON H GORENFLO

Date

3 08 01 407 936 0250

Daytime Phone #

CR2E034 (10/00)