

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016589

1. Entity Name

RENAISSANCE POINTE GENERAL CORP.

Principal Place of Business

600 CLEVELAND STREET
SUITE 670
CLEARWATER FL 33755

Mailing Address

600 CLEVELAND STREET
SUITE 670
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

Suite 460

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3572192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Elise K. Winters

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

Suite 940

City Clearwater

FL

Zip Code 33755

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

11. OFFICERS AND DIRECTORS

TITLE D
NAME REYNOLDS, CLIFFORD W
STREET ADDRESS 600 CLEVELAND STREET #990 460
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE D
NAME REYNOLDS, ELOISE
STREET ADDRESS 600 CLEVELAND STREET #990 460
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Suzanne Bessler
STREET ADDRESS 600 Cleveland Street Suite 460
CITY-ST-ZIP Clearwater, FL 33755 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS Suite 460
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Suzanne Bessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/01
Date

727-449-8788
Daytime Phone #

CR2E034 (10/00)

US944639

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90101 002 ***150.00

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DO NOT WRITE IN THIS SPACE