

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90299 034 ***150.00

DOCUMENT # P99000073709

1. Entity Name

CAREYANN SEGER, INC

Principal Place of Business

3327 AMBERJACK RD.
LANTANA FL 33462

Mailing Address

3327 AMBERJACK RD.
LANTANA FL 33462

2. Principal Place of Business

20950-C VIA OLEANDER

Suite, Apt. #, etc.

3. Mailing Address

20950-C VIA OLEANDER

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON, FL ~~33428~~

Zip

33428

Country

USA

Zip

33428

Country

USA

6. Name and Address of Current Registered Agent

SEGER, CAREY ANN. (Should be 1 word)
3327 AMBERJACK RD.
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

CLAMENS, CAREYANN

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

20950-C VIA OLEANDER

City

BOCA RATON

Zip Code

33428

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

Segee - Clamens

Signature typed or printed name of registered agent and date (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

4/10/01

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 SEGER, CAREY ANN 1 word, not 2
STREET ADDRESS 3327 AMBERJACK RD.
CITY-ST-ZIP LANTANA FL 33462
New address ->

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME CAREYANN CLAMENS (MARRIED)
STREET ADDRESS 20950-C VIA OLEANDER
CITY-ST-ZIP BOCA RATON, FL. 33428

TITLE DIRECTOR
NAME IRVIN SEGER
STREET ADDRESS 5 FAIR HOPE LANE
CITY-ST-ZIP BLUFFTON, SC 29910

TITLE DIRECTOR
NAME WINFIELD C. CLAMENS
STREET ADDRESS 20950-C VIA OLEANDER
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

TITLE DIRECTOR
NAME ANN SEGER
STREET ADDRESS 5 FAIR HOPE LANE
CITY-ST-ZIP BLUFFTON, S.C. 29910

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(c), 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

04/10/01 561.558.8579
Date Daytime Phone #

CR2E034 (10/00)

0512326