

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084930

1. Entity Name

C & L LOFTS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90144 045 ***150.00

Principal Place of Business

33 E ROBINSON STREET
200
ORLANDO FL 32801

Mailing Address

33 E ROBINSON STREET
200
ORLANDO FL 32801

80044656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37 North ORANGE AVE
Suite, Apt. #, etc.
1050

3. Mailing Address

37 North ORANGE
Suite, Apt. #, etc.
1050

City & State

ORLANDO, FLA

City & State

ORLANDO, FLA

4. FEI Number

59-3601040

Applied For

Not Applicable

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUHN, CAMERON B
33 E ROBINSON STREET
200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

37 North ORANGE AVE

Suite 1050

City

ORLANDO

FL

Zip Code

32807

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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 PD
NAME KUHN, CAMERON B
STREET ADDRESS 33 E ROBINSON STREET, #200
CITY-ST-ZIP ORLANDO FL 32801

TITLE VP
NAME HUSSEY, JOHN
STREET ADDRESS 33 E ROBINSON ST, STE 200
CITY-ST-ZIP ORLANDO FL 32801

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
NAME
STREET ADDRESS 37 North ORANGE AVE, Ste 1050
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 37 North ORANGE AVE Ste 1050
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

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 applicable empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

407-843-1111

Daytime Phone #

0060459

CR2E034 (10/00)