

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-23-2000 90013 044 ***150.00

DOCUMENT # F97000002672

1. Entity Name
SPANISH TRACE OF ORLANDO, INC.

Principal Place of Business
 100 CENTERVIEW DR., STE. 171
 BIRMINGHAM AL 35216

Mailing Address
 100 CENTERVIEW DR., STE. 171
 BIRMINGHAM AL 35216-3748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 100 Centerview Drive

3. Mailing Address
 100 Centerview Drive

Suite, Apt. #, etc.
 suite 200

Suite, Apt. #, etc.
 suite 200

City & State
 Birmingham AL

City & State
 Birmingham AL

4. FEI Number **APPLIED FOR**
 72-1373396

Applied For
 Not Applicable

Zip Country
 35216 USA

Zip Country
 35216 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PANICO, JAMES P
111 SOUTH MAITLAND
MAITLAND FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 11, 2000 Fee will be \$650.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D HEERSINK, MARNIX E M.D. 2800 ROSS CLARK CIRCLE SW DOTHAN AL 36301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BAREFIELD, J. FRANK JR. 100 CENTERVIEW DR., STE. 171 BIRMINGHAM AL 35216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **FRANK BAREFIELD** *[Signature]* **President** **3/15/00** **7058239101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)