## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE DALURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

DOCUMENT # F9700002672  1. Entity Name SPANISH TRACE OF ORLANDO, INC.					Secretary of State 01-23-2002 90103 032 ***150.00			
Principal Place 100 CENTERS SUITE 200 BIRMINGHAM		Mailing Address  100 CENTERVIEW DRIVE SUITE 200 BIRMINGHAM AL 35216						
2. Principal Place of Business		3. Mailing Address				AND ITALE BIRIT	10610 1787 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	72-1373396	<u>_</u>	oplied For	
Zip	Country	Zip	Country	5. (		\$8.75 Add		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Registered A	gent		
PANICO, JAMES P 2111 SOUTH MAITLAND			Name Street A	Name  Street Address (P.O. Box Number is Not Acceptable)				
MAITLAN	D FL 32751		City		FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FI After May 1, 2002 F Make Check Payable to			2 Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEERSINK, MARNIX E M.D. 2800 ROSS CLARK CIRCLE SW DOTHAN AL 36301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS BAREFIELD, J. FRANK JR. 100 CENTERVIEW DR., STE. 171 BIRMINGHAM AL 35216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Descent Pason	ield J. Frank JR. intekview Dr!, ste 2 ingham AL 352	Change 200	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	`TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	on this report or supplemental report is	rue and accurate and that my vered to execute this report a	y signature shall h	ave the same I	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under oath; that I ar da Statutes; and that my name appears in	m an officer (	or director	

10/02 2058 > 3 9/01 bare Daytime Phone #