

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90004 012 ***150.00

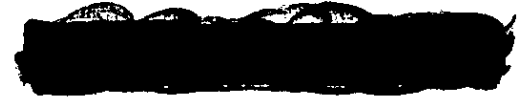
DOCUMENT # **J81170**
1. Entity Name
INTEGRA ORLANDO, INC.

Principal Place of Business Mailing Address
17 SO. MAGNOLIA AVE. **17 SO. MAGNOLIA AVE.**
ORLANDO, FL 32801 **ORLANDO, FL 32801**

2. Principal Place of Business 3. Mailing Address
Suits, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number
59-2811665 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATONIS, STEPHEN J.
17 S. MAGNOLIA AVE.
ORLANDO, FL 32801

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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MATONIS, STEPHEN J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 S. MAGNOLIA	NAME	
STREET ADDRESS	ORLANDO, FL 32801	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V SORICH, MICHAEL S. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 S. MAGNOLIA	NAME	
STREET ADDRESS	ORLANDO, FL 32801	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S, T GOODMAN, GEORGE L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7175 FOSTER LANE	NAME	
STREET ADDRESS	ORLANDO, FL 32818	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	B LENTZ, CHARLES J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7517 SOMERSET SHORES CT.	NAME	
STREET ADDRESS	ORLANDO, FL 32819	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	B MACDERMOTT, PAUL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	148 RIVER OAKS CIRCLE	NAME	
STREET ADDRESS	SANFORD, FL 32771	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 other like empowered.

SIGNATURE: **[Signature]** **04/28/00 (407) 843-3377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICE PHONE #