

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072631

1. Entity Name

EILEEN F. FARWICK, D.O., P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90079 048 ***150.00

Principal Place of Business

10000 WEST COLONIAL DRIVE
SUITE 1463
OCOE FL 34761

Mailing Address

10000 WEST COLONIAL DRIVE
SUITE 1463
OCOE FL 34761-3494

2. Principal Place of Business

10,000 West Colonial Dr

3. Mailing Address

10,000 W. Colonial Dr

Suite, Apt. #, etc.

Suite 386

Suite, Apt. #, etc.

Suite 386

City & State

Ocoee, FL

City & State

Ocoee, FL

4. FEI Number

59-3399780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, GWEN D, ESQ
430 N MILLS AVE
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE PSTD
NAME FARWICK, EILEEN F D.O.
STREET ADDRESS 10000 W COLONIAL DR, STE ~~1463~~ 386
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Eileen F. Farwick, D.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN F. FARWICK 4/10/00 (407) 296-1990

Date

Daytime Phone #