

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592003

1. Entity Name

WILLIAM F. SIMONET, P.A.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90253 032 \*\*\*150.00

Principal Place of Business

400 NORTH FERN CREEK AVENUE  
C/O WILLIAM F. SIMONET  
ORLANDO FL 32803

Mailing Address

400 NORTH FERN CREEK AVENUE  
C/O WILLIAM F. SIMONET  
ORLANDO FL 32803-5432

604309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11325 Riverbank Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-1857744

Applied For

Not Applicable

Zip

32817

Country

Orange

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMONET, WILLIAM F.  
400 NORTH FERN CREEK AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

11325 Riverbank Blvd

City

Orlando

FL

Zip Code

32817

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

1/11/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SIMONET, WILLIAM F.  
400 N FERN CREEK AVE  
ORLANDO FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
11325 Riverbank Blvd  
Orlando, FL 32817

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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: W. F. Simonet, President

Date

1/11/00

Daytime Phone #

407 281-0229

CR2E034 (9/99)