

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600337

1. Entity Name

DRS. MORGAN, HIATT, HINES, CULBERT & MARCH, P. A.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90009 023 ***550.00

Principal Place of Business

1950 LEE ROAD
SUITE 285
WINTER PARK FL 32789
US

Mailing Address

1950 LEE ROAD
SUITE 285
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

390 N. ORANGE AVE

Suite, Apt. #, etc.

Suite 225

Suite, Apt. #, etc.

Suite 1500

City & State

City & State

Orlando, FLORIDA

Zip

Country

Zip

Country

32801

4. FEI Number

59-1198815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAROLAN, JP
390 N. ORANGE AVE STE. 1500
ORLANDO FL 32801

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME BERGER, JACK, L
STREET ADDRESS 2161 SHARON RD
CITY-ST-ZIP WINTER PARK FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WINDHAM, WAYNE
STREET ADDRESS 360 E. LAKE SUE DR.
CITY-ST-ZIP WINTER PARK FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BAGBY, RICHARD J
STREET ADDRESS 1950 LEE ROAD STE.285
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)