

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601983

1. Entity Name

ROBERT L. FERDINAND, D.M.D., AND JAMES V. FERDIN

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90107 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2001 MERCY DRIVE  
ORLANDO FL 32808

2001 MERCY DRIVE  
ORLANDO FLA 32808-5619

2. Principal Place of Business

3. Mailing Address

12202 Park Ave

12202 Park Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Windermere FL

Windermere FL

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

34786

Orange

34786

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1286686

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

FERDINAND, ROBERT L  
2001 MERCY DRIVE  
ORLANDO FL 32808

Name

Robert L. Ferdinand

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

12202 Park Ave

Windermere

City

Florida

FL

Zip Code

34786

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERDINAND, ROBERT L  
STREET ADDRESS 2001 MERCY DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 12202 Park Ave  
STREET ADDRESS Windermere, Florida  
CITY-ST-ZIP 34786

TITLE VD  
NAME FERDINAND, JAMES V  
STREET ADDRESS 620 MAITLAND AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 208 Green lake Circle  
STREET ADDRESS Longwood, Florida  
CITY-ST-ZIP 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 407-876-2661  
Date Daytime Phone #

CR2E034 (9/99)