

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728914

1. Entity Name

CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

Principal Place of Business

3008 CHELSEA STREET  
ORLANDO FL 32803  
US

Mailing Address

3008 CHELSEA STREET  
ORLANDO FL 32803-2850  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7422278

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, NEAL T  
661 E ALTAMONTE DR  
SUITE 217  
ALTAMONTE SPRINGS FL 32701

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEWIS, BRENDA  
STREET ADDRESS 1403 MEDICAL PLAZA DR  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE D  
NAME ROSENBERG, STEVEN  
STREET ADDRESS 1890 SEMORAN BLVD., #215  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE VD  
NAME HOLSON, BRENDA  
STREET ADDRESS 846 LAKE HOWELL RD  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE TD  
NAME SILVERSTEIN, NEAL  
STREET ADDRESS 661 EAST ALTAMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE D  
NAME CONDRON, COLIN  
STREET ADDRESS 414 N MILLS AVE  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Neal T. Silverstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

407-339-3030

Date

Daytime Phone #