2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90085-048-\$61.25-\$61.25

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FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETIS											
Principal Place of Business Mailing Address					00 FEB 29 AM 11: 52						
19325 GOLF CREST CIR TAMPA FL 33624 US		PO BOX 273707 TAMPA FL 33688-3707			d ell blet 18	SE(TALL	SRE I/. AHAS	SEE,	STATE FLORID	A	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	. #, etc.	Sulte, Apt. #, etc.			,		00 N	OT WRITI	E IN THIS	SPACE	
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Zip	Country	Zip	Cou	intry		5. Certificate	of Status D	Desired		\$8.75 Ac	Iditional
	6. Name and Address of Current I	Registered Agent				7. Name and	Address o	of New Re	giatered	Agent	
				Names							
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BADER, W				Street A	vaaress (O. Box Number	I IS NOI AC	ceptable)			·
	LF CREST CIRCLE										·
TAMPA FL	. 33824			City						Zip Co	
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s. The above	a named entity submits this statement for	rthe purpose or changing its	registere	ad onice o	r register	eo ageni, or oor	n, in eie se	ate or Fron	iua.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signal	ture required	when reinstating)			DATE		
											
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	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		ng 🗆	\$5.0 Added	O May Be to Fees		Make Dep	Check	Payable to	0
10.	: - :	Trust Fund Contribu			Added	O May Be to Fees	ANGES TO	Dep	artmen	nt of State	
10.	FEE IS \$61.25	Trust Fund Contribu	utian.		Added	to Fees	ANGES TO	Dep	artmen	nt of State	<u>v</u> 10
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REREQUIRED WALE BADEN 1-18-00

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