

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A21200**

1. Entity Name  
**CENTRAL FLORIDA LITHOTRIPTERS, LTD.**

Principal Place of Business  
**1812 N. MILLS AVE  
ORLANDO FL 32803**

Mailing Address  
**1812 N. MILLS AVE  
ORLANDO FL 32803-1854**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-2649434** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PORTERFIELD, JAMES  
1812 N. MILLS AVE.  
ORLANDO FL 32803**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$44,790.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DETURE, FRANCIS A. 1812 N. MILLS AVE ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>ACKERMAN, EDWARD 1812 N. MILLS AVE ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>JABLONSKI, DONALD 1812 N. MILLS AVE ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>800003199448--8 -04/07/00--01015--015 ****402.28 ****402.28</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PORTERFIELD, JAMES 1812 N. MILLS AVE ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *James M. Porterfield* **2/25/00** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**  
**00 MAR 23 PM 3:00**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)