

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F12877

1. Entity Name

DEBRA, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90116 001 ***458.75

Principal Place of Business

Mailing Address

2100 S HIAWASSEE ROAD
ORLANDO FL 32835-6307

2100 S HIAWASSEE ROAD
ORLANDO FL 32835-6307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2050859

Applied For

Not Applicable

Zip

Country

Zip

Country

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

J. LINDSAY BUILDER, JR.
369 N. NEW YORK AVENUE
3RD FLOOR
WINTER PARK FL 32789

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 \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUFI, DR. ADNAN		NAME	
STREET ADDRESS	2100 S. HIAWASSEE ROAD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JAMES B. JR.		NAME	
STREET ADDRESS	2100 S HIAWASSEE RD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEBEIR, CAMILLE		NAME	
STREET ADDRESS	2100 S HIAWASSEE RD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGHE, T. ANDREW		NAME	
STREET ADDRESS	369 N. NEW YORK AVENUE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. LINDSAY BUILDER, JR		NAME	
STREET ADDRESS	369 N. NEW YORK AVENUE		STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Date

Daytime Phone #

CR2E034 (9/99)