

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15948

1. Entity Name

RICHARD TRAPP, P.A.

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90194 032 \*\*\*150.00

Principal Place of Business

390 N. ORANGE AVE., SUITE 2100  
ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVE., SUITE 2100  
ORLANDO FL 32801-1642

2. Principal Place of Business

533 W. New England  
Suite, Apt. #, etc.  
Suite C

City & State  
Winter Park, FL

Zip Country  
32789

3. Mailing Address

533 W. New England  
Suite, Apt. #, etc.  
Suite C

City & State  
Winter Park, FL

Zip Country  
32789



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2062899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRAPP, RICHARD  
390 N. ORANGE AVE., SUITE 2100  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

533 W. New England

Suite C

City

Winter Park

FL

Zip Code

32789

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

TITLE NAME ☐ Delete  
PTSV  
TRAPP, RICHARD  
STREET ADDRESS 390 N. ORANGE AVE., SUITE 2100  
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete  
D  
TRAPP, RICHARD  
STREET ADDRESS 390 N. ORANGE AVE., SUITE 2100  
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 533 W. New England, #C  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 533 W. New England, #C  
CITY-ST-ZIP WINTER PARK, FL 32789

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 407-629-6900