

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50635

1. Entity Name

610 E. ALTAMONTE CORPORATION

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90087 047 \*\*\*150.00

Principal Place of Business

610 EAST ALTAMONTE DR.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

610 EAST ALTAMONTE DR.  
ALTAMONTE SPRINGS FL 32701-4903

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

59-2139378

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KORANSKY, RALPH  
3400 SO ORANGE AVE  
ORLANDO FL 32806

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	P	<input type="checkbox"/> Delete
NAME	KORANSKY, RALPH J	
STREET ADDRESS	543 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KORANSKY, YVONNE L.	
STREET ADDRESS	543 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONTARSY, GEORGE	
STREET ADDRESS	4545 W TOUHY AVE APT 715	
CITY-ST-ZIP	LINCOLNWOOD IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: Yvonne Koransky Yvonne Koransky 4/2/2000 407 856 4993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)