

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004944

1. Entity Name

BOND & BOTES OF ORLANDO, P.C.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90004 025 ***150.00

Principal Place of Business

135 W. CENTRAL BLVD, SUITE 310
ORLANDO FL 32801

Mailing Address

135 W. CENTRAL BLVD, SUITE 310
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1701018

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

NEWAY, DOUGLAS W
135 W. CENTRAL BLVD, SUITE 310
ORLANDO FL 32801

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 reinstalling)

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, 2001 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 CP
NAME BOTES, BRADFORD W
STREET ADDRESS 15 S. 20TH ST, SUITE 1325
CITY-ST-ZIP BIRMINGHAM AL 35233 ☐ Delete

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

TITLE VCVS
NAME BOND, MARK W
STREET ADDRESS 15 S. 20TH ST, SUITE 1325
CITY-ST-ZIP BIRMINGHAM AL 35233 ☐ Delete

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

TITLE D
NAME CARLSON, J. SUZANNE
STREET ADDRESS 15 S. 20TH ST, SUITE 1325
CITY-ST-ZIP BIRMINGHAM AL 35233 ☐ Delete

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

TITLE D
NAME SYKSTUS, RONALD C
STREET ADDRESS 200 CLINTON AVE, SUITE 705
CITY-ST-ZIP HUNTSVILLE AL 35801 ☐ Delete

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

TITLE D
NAME WETZEL, MELISSA W
STREET ADDRESS 107 ST. FRANCIS ST, SUITE 1712
CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

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

TITLE DT
NAME NEWAY, DOUGLAS W
STREET ADDRESS 135 W. CENTRAL BLVD, SUITE 310
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

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 (10/00)