

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91097

1. Entity Name

C. THOMAS FERRARA, P.A.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90004 041 ***150.00

Principal Place of Business

712 BALLARD STREET
ALTAMONTE SPRINGS FL 32701-5402
US

Mailing Address

P.O. BOX 150750
ALTAMONTE SPRINGS FL 32715-0750
US

2. Principal Place of Business

1936 Lee Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State
Winter PARK FL

City & State

4. FEI Number 59-2376894

Applied For

Not Applicable

Zip FL 32789 Country Orange

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

FERRARA, C. THOMAS, ESQUIRE

~~712 BALLARD ST.~~

~~ALTAMONTE SPRINGS FL 32701~~

Name

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

1936 Lee Rd Suite 100

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 C. THOMAS FERRARA

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 PD
NAME FERRARA, C. THOMAS
STREET ADDRESS ~~113 VARIETY TREE CIRCLE~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

TITLE
NAME
STREET ADDRESS 519 SPRING CLUB DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD
NAME FERRARA, JOYCE R.
STREET ADDRESS ~~113 VARIETY TREE CIRCLE~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

TITLE
NAME
STREET ADDRESS 519 SPRING CLUB DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
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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 #

1/6/2000 407 599-5162

CR2E034 (9/99)