

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90035 008 \*\*\*158.75

**DOCUMENT # H28200**

1. Entity Name

**WINDTREE PROFESSIONAL CENTER, INC.**

Principal Place of Business

Mailing Address

13330 W. COLONIAL DR.  
 130  
 WINTER GARDEN FL 34787  
 US

13330 W. COLONIAL DR.  
 130  
 WINTER GARDEN FL 34787-3985  
 US

C0010143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2474510**

Applied For  
 Not

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

**MASHBURN, ERIC S.**  
**102 E. MAPLE ST.**  
**WINTER GARDEN FL 32787**

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	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>FOLSOM, L. M.</b>
STREET ADDRESS	<del>4246 WILLOW BAY DRIVE</del> CHANGE ADDRESS →
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>CANOLE, WILLIAM L.</b>
STREET ADDRESS	<b>8943 BAY COVE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	<b>16945 W. PHIL C. PETERS</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>FOLSOM, PAULINE</b>
STREET ADDRESS	<b>16945 W. PHIL C. PETERS</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/2000

Date

(407) 877-0505

Daytime Phone #