

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90519 026 ***158.75

DOCUMENT # H28200

1. Entity Name
WINDTREE PROFESSIONAL CENTER, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

13340 W. Colonial Drive

Suite, Apt. #, etc.
 Suite 250

City & State
 Winter Garden, FL

Zip Country
 34787 USA

3. Mailing Address

13340 W. Colonial Drive

Suite, Apt. #, etc.
 Suite 250

City & State
 Winter Garden, FL

Zip Country
 34787 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2474510**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	FOLSOM, L. M.	
CITY-ST-ZIP	16945 W PHIL C PETERS WINTER GARDEN FL 34787	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	FOLSOM, PAULINE	
CITY-ST-ZIP	16945 W PHIL C PETERS WINTER GARDEN FL 34787	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *J. M. Folsom*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/01

407-877-0505

Date Daytime Phone #

CR2E034 (10/00)