

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57184

1. Entity Name

DETURE STONE ASSOCIATES, P.A.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90289 039 \*\*\*150.00

Principal Place of Business  
**DAVID J. VAUGHAN, JR., MD.**  
C/O JAMES M. PORTERFIELD, JR., M.D.  
1812 NORTH MILLS AVENUE  
ORLANDO FL 32803  
US

Mailing Address  
**DAVID J. VAUGHAN, JR., MD**  
C/O JAMES M. PORTERFIELD JR M.D.  
1812 NORTH MILLS AVENUE  
ORLANDO FL 32803  
US

C0030716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2558465</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PORTERFIELD, JAMES M JR. 1812 W. MILLS AVE. ORLANDO FL 32803				Name <b>DAVID J. VAUGHAN, JR.</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1812 NORTH MILLS AVENUE</b>			
				City <b>ORLANDO</b>			
				FL			
				Zip Code <b>32803</b>			

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 **2/21/01**

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JABLONSKI, DONALD V. MD 1812 NORTH MILLS AVENUE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAUGHAN, DAVID J, JR. 1812 NORTH MILLS AVENUE ORLANDO, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACKERMAN, EDWARD MD 1812 NORTH MILLS AVENUE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THILL, JEFFREY R 1812 NORTH MILLS AVENUE ORLANDO, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTERFIELD, JAMES M.,JR 1812 NORTH MILLS AVENUE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABLONSKI, DAVID H 1812 NORTH MILLS AVENUE ORLANDO, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, DAVID 1812 NORTH MILLS AVENUE ORLANDO F	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDIAN, JULIO 1812 NORTH MILES AVENUE ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAIMAN, ALLAN 1812 NORTH MILLS AVENUE ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **2/21/01** DAYTIME PHONE #: **407-594-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)