

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74636

1. Entity Name

CENTRAL FLORIDA SPEECH PATHOLOGISTS AND REHABIL

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90042 001 ***150.00

Principal Place of Business

Mailing Address

12 E MONUMENT AVE
KISSIMMEE FL 34741
US

12 E MONUMENT AVE
KISSIMMEE FL 34741-5749
US

2. Principal Place of Business

3. Mailing Address

4426 N. LANDMARK DR
Suite, Apt. #, etc.

4426 N. LANDMARK DR
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2581618

Applied For

Not Applicable

Zip

32817

Country

USA

Zip

32817

Country

USA

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

HOSTETLER, JANE D.
4426 NO LANDMARK DRIVE
ORLANDO FL 32817

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOSTETLER, JANE D.
STREET ADDRESS 12 E MONUMENT AVE
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4426 N. LANDMARK DR
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

Jane Hostetler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

407-693-1950

CR2E034 (9/99)