

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90060 025 ***150.00

DOCUMENT # K68324

1. Entity Name

**LAKE MARY FAMILY PRACTICE-SCOTT VANLUE, M.D., P.
A.**

Principal Place of Business

**C/O LORAN JOHNSON
215 NORTH EOLA DR.
ORLANDO FL 32801
US**

Mailing Address

**C/O LORAN JOHNSON
215 NORTH EOLA DR.
ORLANDO FL 32801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2932744

Applied For

Not Applicable

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

**VANLUE, SCOTT
4106 W LAKE MARY BLVD, STE 215
LAKE MARY FL 32746**

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, 2002 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 **DPST** ☐ Delete
NAME **VANLUE, SCOTT**
STREET ADDRESS **2260 POINSETTIE DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT VANLUE

Date

Daytime Phone #

1/14/02 (407) 782-4699

CR2E034 (9/01)

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

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ORLANDO, FLORIDA 32801

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GAIL S. ANDRÉ

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E-mail: gail.andre@lowndes-law.com

308876

January 18, 2002

CERTIFIED MAIL 7000-2870-0000-6080-2204
RETURN RECEIPT REQUESTED

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report

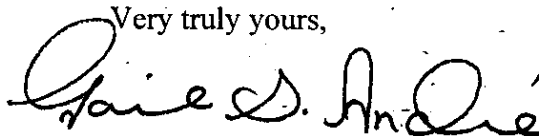
Dear Madam or Sir:

Enclosed is the 2002 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$150.00 payable to the Department of State representing the filing fee:

LAKE MARY FAMILY PRACTICE-SCOTT VANLUE, M.D., P.A.

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Legal Assistant to
James J. Hootor

GSA
Enclosures
035108/26380/521598