

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86863

1. Entity Name

LINDA D. SCHOONOVER, P.A.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90100 023 ***150.00

0613006

Principal Place of Business

Mailing Address

390 W SR 434
STE 102
LONGWOOD FL 32750
US

390 W SR 434
STE 102
LONGWOOD FL 32750
US

900322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

370 Center Pointe Circle

370 Center Pointe Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1154

Ste 1154

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32701

USA

32701

USA

4. FEI Number 59-2950774

Applied For

Not Applicable

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

SCHOONOVER, LINDA D
390 WEST STATE RD. 434
STE 102
LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

370 Center Pointe Circle

Ste 1154

City

Altamonte Springs

FL

Zip Code

32701

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

Linda D Schoonover

1-8-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SCHOONOVER, LINDA D.	
STREET ADDRESS	163 POST AND RAIL RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOONOVER, LINDA D.	
STREET ADDRESS	163 POST AND RAIL RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda D Schoonover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 407-339-7211

Date

Daytime Phone #

CR2E034 (10/00)