

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L53829**

1. Entity Name

FORDHAM, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90001 031 ***150.00

Principal Place of Business Mailing Address
222 SOUTH WESTMONTE DRIVE **222 SOUTH WESTMONTE DRIVE**
SUITE 202 **SUITE 202**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714-4268**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2999812

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

KIRBY, STEVEN P
222 SOUTH WESTMONTE DRIVE
SUITE 202
ALTAMONTE SPRINGS FL 32714

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

Steven P. Kirby
Signature, typed or printed name of registered agent and title if applicable

Steven P. Kirby V.P.
(NOTE: Registered Agent signature required when reinstating)

1/19/00
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 ☐ Delete
NAME **PD**
STREET ADDRESS **KIRBY, JUDITH A**
CITY-ST-ZIP **342 N DOVER CT**
HEATHROW FL

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **KIRBY, STEVEN P**
CITY-ST-ZIP **342 N ODOVER CT**
HEATHROW FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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:

Steven P. Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

407-788-7300
Daytime Phone #

CR2E034 (9/99)