

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90371 029 ****61.25

141327M

DOCUMENT # N21964 /			
1. Entity Name SOUTH SEMINOLE MEDICAL OFFICE BUILDING CONDOMINI			
Principal Place of Business 515 W. STATE ROAD 434 LONGWOOD FL 32750 US		Mailing Address 1632 N. COUNTY RD. 427 LONGWOOD FL 32750 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PARK AVENUE LEASING & MANAGEMENT, INC. 1632 N. COUNTY ROAD 427 LONGWOOD FL 32750		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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)			



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2948471** ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILES, O. ANDREW M.D. 515 W STATE RD 434 ST 105 LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONAS, MARK 515 W. STATE RD 434 -STE 307 LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLAZIER, STEVE 515 W. STATE RD 434 -STE 307 LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/01 **402-260-6000**
 Date Daytime Phone #