

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39154

1. Entity Name

CENTRAL FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90249 019 ****61.25

Principal Place of Business
390 N ORANGE AVE., STE 1000
ORLANDO FL 32801
US

Mailing Address
390 N ORANGE AVE., STE 1000
ORLANDO FL 32801-1646
US

2. Principal Place of Business
390 N. Orange Ave.

3. Mailing Address
390 N. Orange Ave.

Suite, Apt. #, etc.
Suite 1900

Suite, Apt. #, etc.
Suite 1900

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
U.S.A.

Zip
32801

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3021009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MORE, HECTOR A
390 N ORANGE AVE., STE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent
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 _____

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	P/D GIBBS, ERIC P 315 E ROBINSON ST STE 600 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clay Coward 20 N. Orange Ave., Suite 1500 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D COWARD, CLAY 20 N ORANGE AVE., STE 1500 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wayne Witmer 300 Int'l Pkwy., Suite 200 Heathrow, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MORE, HECTOR A 390 N ORANGE AVE., STE 1000 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Hector A. More' 390 N. Orange Ave., Suite 1900 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LOBACZ, CAROL A 20 N ORANGE AVE STE 702 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kurt M. Spengler 390 N. Orange Ave., Suite 1000 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hector A. More' 4/28/00 (407) 423-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)