

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44225

1. Entity Name

FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90135 009 ****61.25

Principal Place of Business

Mailing Address

800 LAKE ESTELLE DR.
ORLANDO FL 32803
US

800 LAKE ESTELLE DR.
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0724459

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

GREENLAW, DAVID E.
800 LAKE ESTELLE
ORLANDO FL 32803

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	DP GREENLAW, DAVID E 601 E. ROLLINS AVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARADIS, BRIAN 601 E. ROLLINS STREET ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNIGAN, DON 601 E. ROLLINS STREET ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

1/14/02

CR2E037 (9/01)