

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004075

1. Entity Name

OSCEOLA COUNTY PHYSICIANS FOR VOLUNTEER SERVICES

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 005 ****61.25

Principal Place of Business
2304 ALOMA AVE 100
WINTER PARK FL 32792
US

Mailing Address
PO BOX 421613
KISSIMMEE FL 34742-1613
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

59-3254346

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

FOY, DAN JR
2304 ALOMA AVE STE 100
WINTER PARK FL 32792

Name Scott Gordon
Street Address (P.O. Box Number is Not Acceptable)
604 Oak Commons Blvd
City Kissimmee FL Zip Code 34741

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	D	<input type="checkbox"/> Delete
NAME	LARIMORE, WALTER	
STREET ADDRESS	601 E OAK ST	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOY, DON JR	
STREET ADDRESS	2304 ALOMA AV E STE 100	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANT, GEORGE	
STREET ADDRESS	P.O. BOX 450309 N/A	
CITY-ST-ZIP	KISSIMMEE FL 34745	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Gordon	
STREET ADDRESS	604 Oak Commons Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)