

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005937

Entity Name

AT SANCTUARY OF ORLANDO, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

06-05-2000 90039 002 ****61.25

Principal Place of Business		Mailing Address	
WINDERWOOD CIRCLE ORLANDO FL 32835		4421 WINDERWOOD CIRCLE ORLANDO FL 32835-2639	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		4. FEI Number 59-3601748		Applied For Not Applicable	
CURCIO, DEBORAH 4421 WINDERWOOD CIRCLE ORLANDO FL 32835		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL			
		Zip Code			

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	CURCIO, DEBORAH	NAME	
STREET ADDRESS	4421 WINDERWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ESCOBEDO, KIM	NAME	
STREET ADDRESS	1756 PAM CIR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	CURCIO, GEORGE	NAME	
STREET ADDRESS	4421 WINDERWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

5-24-00

401-622-2800

Date

Daytime Phone

7-7-00

X2231

CR2E037 (9/99)