2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000081890 ~ `` 1. Entity Name BRUCE S. KALIN, P.A.							FILED Feb 02, 2001 8:00 am Secretary of State 02-02-2001 90302 022 ***150.00			
Principal Pla	Mailing Address									
2603 BURWOOD AVENUE ORLANDO FL 32837			2603 BURWOOD AVENUE ORLANDO FL 32837							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	4. FEI Number Applied For S9-3665441 Not Applied be			
Zip Country			Zìp	ntry		Certificate of Status Desired	□ \$8.75 Ac	lditional		
	6. Name and Address o	f Current Re	gistered Agent			7. 1	Name and Address of New Rec	Fee Require	ea	
LANDS BOLISTON AND THE STATE OF					Name					
KALIN, BRUCE'S 2603 BURWOOD AVENUE ORLANDO FL 32837				· •	Street Address	ess (P.O. Box Number is Not Acceptable)				
							⊏			
8. The above named entity submits this statement for the purpose of changing its regis					City					
Tax filing	Signature, typed or printed name of region pration is eligible to satisfy its. requirement and elects to do s ria on back)	Intangible.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE 01 Fee	will be \$550.00	 	10. Election Campaign Finar Trust Fund Contribution.	~ <u>~</u> ~~	OO May Be	
11.		ERS AND DIF	ECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kalin, Bruce S 2603 Burwood Avenl Orlando Fl 32837	JE	☐ Delete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
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of the cor changed,	on this report or supplementa poration or the receiver or trus or on an attachment with an a	I report is true stee empower address, with	e and accurate and that me do to execute this report a all other like empowered.	ny signat as requir	ure shall have the ed by Chapter 60	a como li	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a	h: that I am an officer	or director r Block 12 if	
	SIGNATURE AND	PED OR PRINT	ED NAME OF SIGNING OFFICER O	PR DIRECT	OR		Date	Daytime Phone #		