

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90442 013 \*\*\*150.00

**DOCUMENT # P01000097613**

1. Entity Name

**FLORIDA MULTI-SPECIALTY INSTITUTE, INC.**

Principal Place of Business

**7430 COLONIAL CT  
 SANFORD FL 32771**

Mailing Address

**7430 COLONIAL CT  
 SANFORD FL 32771**

2. Principal Place of Business

**7430 Colonial Ct**

Suite, Apt. #, etc.

**Sanford FL**

City & State

**Sanford FL**

Zip

**32771**

Country

**USA**

3. Mailing Address

**7430 Colonial Ct**

Suite, Apt. #, etc.

**Sanford FL**

City & State

**Sanford FL**

Zip

**32771**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BOHANNON, DON  
 7430 COLONIAL CT  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **Bohannon, Don**

Street Address (P.O. Box Number is Not Acceptable)

**7430 Colonial Ct**

City **Sanford**

**FL**

Zip Code

**32771**

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

*Don Bohannon*

*Don Bohannon*

**4/10/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **BOHANNON, DON**  
 STREET ADDRESS **7430 COLONIAL CT**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **DVS** ☐ Delete  
 NAME **MOORHEAD, DOUG**  
 STREET ADDRESS **6259 LINNEAL BCH DR**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Don Bohannon* **Don Bohannon**

Date

Daytime Phone #

**4/10/02 4073212303**

CR2E034 (9/01)