

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019932

1. Entity Name

CHARLOTTE M. HARVEY, SPEECH PATHOLOGIST, P.A.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 006 ***158.75

Principal Place of Business

Mailing Address

POST OFFICE BOX 521358
 LONGWOOD FL 32752-1358
 US

POST OFFICE BOX 521358
 LONGWOOD FL 32752-1358
 US

2. Principal Place of Business

3. Mailing Address

114 W. Underwood St

P.O. Box 521358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State
 Orlando, FL

City & State
 Longwood, FL

Zip
 32806

Country
 Orange

Zip
 32752

Country
 Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3184681

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

HARVEY, CHARLOTTE M
 1200 SECOND PLACE
 LONGWOOD FL 32750

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 HARVEY, CHARLOTTE M
 1200 SECOND PLACE
 LONGWOOD FL 32750 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Charlotte M. Harvey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2000

Date

407 872-3007

Daytime Phone #

CR2E034 (9/99)