

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001202

1. Entity Name

FAMILY PHYSICIANS OF HUNTERS CREEK, P.A.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90061 033 ***150.00

Principal Place of Business

3916 TOWN CENTER BLVD
ORLANDO FL 32837
US

Mailing Address

1550 S LAKEMONT AVE
WINTER PARK FL 32792-5449
US

2. Principal Place of Business

14050 Town Loop Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Orlando, Fl.

City & State

Zip

32837

Country

USA

Zip

Country

4. FEI Number

59-3219853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOON, WALTER
200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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

TITLE PD
NAME VYAS, INDRAJIT C.
STREET ADDRESS 1550 S. LAKEMONT AVE.
CITY-ST-ZIP WINTER PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

INDRAJIT VYAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(407) 647-6070

Daytime Phone #