

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067977

1. Entity Name

IDEAS - SPECIAL NEEDS CONSULTS, INC.

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

07-26-2000 90003 031 ***150.00

Principal Place of Business

118 NORTHMOOR ROAD
CASSELBERRY FL

Mailing Address

118 NORTHMOOR ROAD
CASSELBERRY FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3276147**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OSBORN, SANDRA
118 NORTHMOOR ROAD
CASSELBERRY FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PD
OSBORN, SANDRA
118 NORTHMOOR ROAD
CASSELBERRY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
OSBORN, PETER D
118 NORTHMOOR ROAD
CASSELBERRY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSBORN, PETER D
118 NORTHMOOR ROAD
CASSELBERRY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
D# 094000 62977
00073187

IDEAS SPECIAL NEEDS CONSULTS, INC.

118 Northmoor Road
Casselberry, FL 32707

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Ideas Special Needs Consults, Inc.
FEI# 59-3276147

Gentlemen:

We are in receipt of the **2000 Uniform Business Report, Second Notice**, indicating a filing fee of \$550.00. Please be advised we were totally unaware of any such report. A "first notice" was never received by our office; therefore, we were unable to respond in the appropriate time frame.

Enclosed please find the report along with our check in the amount of **\$150.00** to cover the original filing fee. We respectfully request that the additional fee of \$400.00 be removed due to non-receipt of the first notice.

Very truly yours,



Sandra Osborn
President

Enclosures