

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079961

1. Entity Name

BARIATRIC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

142 S SEMORAN BLVD
ORLANDO FL 32807
US

142 S SEMORAN BLVD
ORLANDO FL 32807-3293
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTX, WILLIAM H
142 S SEMORAN BLVD
APOPKA FL 32712

Name

Randall B Greene

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

142 S Semoran Blvd

Orlando, FL 32807

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
PTSD
SCHWARTZ, WILLIAM H
142 S SEMORAN BLVD
ORLANDO FL 32807

☒ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
PTS Gina Peckler
142 S Semoran Blvd
Orlando, FL 32807

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
RANDALL B GREENE
201 TRISMEU TERRACE

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Winter Park Fl
32789

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90059 005 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3277796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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