

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081269

1. Entity Name

ITM TROPICARE OF ORLANDO, INC.

FILED

00 MAR 17 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6947 NARCOOSEE ROAD
ORLANDO FL 32822

Mailing Address

6947 NARCOOSE RD
ORLANDO FL 32822-5529
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3278027

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

KLIMIS, GEORGE N.

30 N RING AVE

SUITE 400

TARPON SPRINGS FL 34609

Name

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

23 E. Tarpon Avenue

City

Tarpon Springs

FL

Zip Code

34609

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)

2/29/00

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	P	<input type="checkbox"/> Delete
NAME	HUGHES, JON	
STREET ADDRESS	2733 OXFORD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000008190454--9	
STREET ADDRESS	-03/30/00--01096--001	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	✓ Hughes Timothy W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10507 Hearth Road	
STREET ADDRESS	Spring Hill, FL 34608	
CITY-ST-ZIP		
TITLE	S Collins Karen L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2702 Bass Lane Boulevard	
STREET ADDRESS	Orlando, FL 32806	
CITY-ST-ZIP		
TITLE	T Hughes Judith A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10507 Hearth Road	
STREET ADDRESS	Spring Hill, FL 34608	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

resident

1/14/00 (407) 380-5565

Date

Daytime Phone.#

CR2E034 (9/95)