

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091431

1. Entity Name

THE CLOSING TABLE, INC. OF ORLANDO

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90077 005 ***150.00

Principal Place of Business

Mailing Address

2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779

2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779-4990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3292954

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

SMITH, KATHRYN L
2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779

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	PD	<input type="checkbox"/> Delete
NAME	FURMAN, HOWARD MARK	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FURMAN, SUSAN T	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, KATHRYN L	
STREET ADDRESS	2170 WEST STATE ROAD 434	
CITY-ST-ZIP	LONGWOOD FL 32779	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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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	
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

Kathryn L. Smith, 2/24/00
Vice President

Date

Daytime Phone #

407-788-6228

CR2E034 (9/99)