

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034428

1. Entity Name

ORANGE TERRACE RETIREMENT CENTER, INC.

Principal Place of Business

2110 KAROLINA AVENUE
WINTER PARK FL 32789

Mailing Address

2110 KAROLINA AVENUE
WINTER PARK FL 32789-3522

2. Principal Place of Business

3. Mailing Address

2110 KAROLINA AVENUE
Suite, Apt. #, etc.

2110 KAROLINA AVENUE
Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

6. Name and Address of Current Registered Agent

REID-MAKKAR, ZOILA
2110 KAROLINA AVENUE
WINTER PARK FL 32789

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

A
REIDMAKKAR, ZOILA
2110 REIDMAKKAR
WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby 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:

REIDMAKKAR, ZOILA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

407-740-7321

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90076 050 ***158.75

00003901



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3350128

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

none

Please issue certificate as soon as possible needed the status for state inspection