

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059355

1. Entity Name

RACS OF ORLANDO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90416 028 ***158.75

Principal Place of Business

Mailing Address

101 SOUTHHALL LN
 4TH FLOOR
 MAITLAND FL 32751

9302 N. MERIDIAN ST.
 SUITE 355
 INDIANAPOLIS IN 46260-1820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Southhall Lane PMB 4036

3. Mailing Address

P.O. Box 90319

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Indianapolis, IN

4. FEI Number

59-3328699

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

46290-0319

Country

USA

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

MORRISON, CHARLES
 101 SOUTHHALL LANE
 4TH FLOOR
 MAITLAND FL 32751

Name

Morrison, Charles PMB 4036

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

RACS OF ORLANDO, INC.

101 Southhall Lane, Suite 400

City

Maitland

FL

Zip Code 32751

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 ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

P
 MORRISON, CHARLES
 9302 N. MERIDIAN ST., #355
 INDIANAPOLIS IN 46260

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

MORRISON, CHARLES PMB 4036
 RACS OF ORLANDO, INC.
 101 Southhall Lane, Suite 400, Maitland, FL 32751

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)