

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079360

1. Entity Name

B.T. BONES OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90053 045 \*\*\*150.00

Principal Place of Business

11370 S. ORANGE BLOSSOM TR  
ORLANDO FL 32

Mailing Address

4203 ARBOR OAKS CT  
ORLANDO FL 32808-1701

2. Principal Place of Business

1062 W SR 436

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

4. FEI Number

59-3338718

Applied For

Not Applicable

Zip

33714

Country

USA

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

DHANAMI, SHIRAZ  
4203 ARBOR OAKS CT  
ORLANDO FL 32808

Name

DHANAMI SHIRAZ

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]*

4/3/2000

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 ☐ Delete  
NAME DP  
STREET ADDRESS DHANANI, SHIRAZ  
CITY-ST-ZIP 4203 ARBOR OAKS CT  
ORLANDO FL 32808

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS DHANANI, NISHA  
CITY-ST-ZIP 4203 ARBOR OAKS CT.  
ORLANDO FL 32808

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

407-694-5728

Daytime Phone #

CR2E034 (9/99)