

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90053 001 ***150.00

0480278

DOCUMENT # P96000031666

1. Entity Name

RENAL EQUITY CORP.

Principal Place of Business

**105 BONNIE LOCH COURT
ORLANDO FL 32806**

Mailing Address

**105 BONNIE LOCH COURT
ORLANDO FL 32806**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3378605**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL, MAUREEN
105 BONNIE LOCH COURT
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PD** ☐ Delete
NAME **SIMASEK, REGIS A**
STREET ADDRESS **601 FERNCREEK AVENUE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VPD** ☐ Delete
NAME **KASSAB, JERRY**
STREET ADDRESS **600 COURTLAND STREET STE 300**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **TD** ☒ Delete
NAME **COLDREN, SHANE**
STREET ADDRESS **3600 CLEMWOOD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **ST** ☐ Delete
NAME **ELDRON, ANN**
STREET ADDRESS **2029 COUNTRY SIDE CIRCLE NORTH**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER / DIRECTOR** ☒ Change ☐ Addition
NAME **SIMASEK, REGIS A**
STREET ADDRESS **601 FERNCREEK AVENUE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
NAME **KASSAB, JERRY**
STREET ADDRESS **1159 BLANTLEY ESTATES ON**
CITY-ST-ZIP **ALTA MENTE SPRINGS, FL 32714**

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

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

TITLE **VICE PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **BALL, TOM**
STREET ADDRESS **BAKER & HOSTETTER**
CITY-ST-ZIP **SUN BANK BUILDING SUITE 2300**
ORLANDO FL 32802

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:

Maureen Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01

Date

407-843-6110

Daytime Phone #

CR2E034 (10/00)