

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90160 041 \*\*\*150.00

0056490

**DOCUMENT # P96000049642**

1. Entity Name

**BARBARA ANN SHERMAN, P.A.**

Principal Place of Business

950 N. ORALNDO AVE  
 SUITE 150  
 WINTER PARK FL 32789  
 US

Mailing Address

950 N. ORLANDO AVE  
 SUITE 150  
 WINTER PARK FL 32789  
 US

102000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0673774**

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

**SHERMAN, BARBARA ANN**  
**950 N. ORALNDO AVE**  
**SUITE 150**  
**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD  
 NAME: SHERMAN, BARBARA ANN  Delete  
 STREET ADDRESS: ~~1062 LUNDY CT~~ 315 New England  
 CITY-ST-ZIP: WINTER PARK FL # 19, Winter

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: Ave  
 CITY-ST-ZIP: Park, FL 32789

TITLE:  Delete  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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: Barbara Ann Sherman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
 Date

407-629-6330  
 Daytime Phone #

Barbara Ann Sherman

CR2E034 (10/00)