

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049863

1. Entity Name

SEMINOLE LIMB AND BRACE CORPORATION

Principal Place of Business

Mailing Address

6247 SEMINOLE BLVD. STE 100
SEMINOLE FL 33772
US

6247 SEMINOLE BLVD. STE 100
SEMINOLE FL 33772-6838
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3376937

Applied For

Not Applied For

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

ACCOMONDO, KATHRYN F
10109 PARADISE BLVD
TREASURE ISLAND FL 33706

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
TD
ENGLAND, CHRISTOPHER L
119753 ST EAST
TREASURE ISLAND FL
Delete ☐
SD
ACCOMANDO, KATHRYN F
10109 PARADISE BLVD
TREASURE ISLAND FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
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Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
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:

Kathryn Accomando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2000 727-319-6302

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 045 ***150.00

00010106



DO NOT WRITE IN THIS SPACE