

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90372 007 \*\*\*150.00

**DOCUMENT # P96000076331**

1. Entity Name

**INSTITUTE OF AESTHETIC SURGERY, PROFESSIONAL ASS**

Principal Place of Business

Mailing Address

400 CELEBRATION PLACE  
 A-310  
 CELEBRATION FL 34747

400 CELEBRATION PLACE  
 A-310  
 CELEBRATION FL 34747-4970

2. Principal Place of Business

*400 Celebration Place*

3. Mailing Address

*400 Celebration Place*

Suite, Apt. #, etc.

*Suite A320*

Suite, Apt. #, etc.

*Suite A320*

City & State

*Celebration, FL*

City & State

*Celebration, FL*

Zip

*34747*

Country

*USA*

Zip

*34747*

Country

*USA*

4. FEI Number

**59-3404321**

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAY, CHRISTOPHER K**  
**390 N ORANGE AVE, SUITE 600**  
**ORLANDO FL 32801**

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 *X*

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

TITLE **PTD**  Delete  
 NAME **GREGORY, RICHARD O**  
 STREET ADDRESS **400 CELEBRATION PLACE, SUITE A310**  
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE  Delete  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Richard O Gregory*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-27-00*

Date

*407-303-4250*

Daytime Phone #