

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087184

1. Entity Name

WINGATE OF ORLANDO, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90017 021 \*\*\*150.00

Principal Place of Business

Mailing Address

10649 WOODCHASE CIRCLE  
 ORLANDO FL 32836

10649 WOODCHASE CIRCLE  
 ORLANDO FL 32836-5821  
 US

2. Principal Place of Business

3. Mailing Address

6301 WESTWOOD BLVD

6301 WESTWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32821

Country

ORANGE

Zip

32821

Country

ORANGE

4. FEI Number

59-3409256

Applied For

Not Applicable

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

PATEL, ARVIND  
 10649 WOODCHASE CIRCLE  
 ORLANDO FL 32836

Name

JAY. R. PATEL

Street Address (P.O. Box Number is Not Acceptable)

6301 WESTWOOD BLVD

City

ORLANDO

FL

Zip Code

32821

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

*JAY. R. PATEL* JAY. R. PATEL V.P.

4/22/2000

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	D	<input type="checkbox"/> Delete
NAME	PATEL, ARVIND	
STREET ADDRESS	4872 CYPRESS WOODS DR NUMBER 321	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, JAY R	
STREET ADDRESS	4515 VILLAGE WOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, KIRAN	
STREET ADDRESS	6700 NW 77 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, DEPAK	
STREET ADDRESS	4872 CYPRESS WOODS DR., #321	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, ANIL	
STREET ADDRESS	4872 CYPRESS WOODS DR., #321	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, VIJAY	
STREET ADDRESS	4872 CYPRESS WOODS DR., #321	
CITY-ST-ZIP	ORLANDO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *JAY. R. PATEL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000

Date

Daytime Phone #

407 497978

CR2E034 (9/99)