

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058892

1. Entity Name

PATRECIA A. BALDWIN, P.A.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 025 ***150.00

Principal Place of Business

Mailing Address

3101 JODHPYRS LN. 2616
ORLANDO FL 32837

3101 JODHPYRS LN. 2616
ORLANDO FL 32837-4859

2. Principal Place of Business

ORANGE LAKE COUNTRY CLUB

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

4. FEI Number

59-3457311

Applied For

Not Applicable

Zip

Country

Zip

Country

32837

OSCEOLA

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

BALDWIN, PATRECIA A P.A.
3101 JODHPYRS LN. 2616
ORLANDO FL 32837

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

Patricia A. Baldwin, P.A.

Patricia A. Baldwin, P.A. 1-7-00

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

PSTD
BALDWIN, PATRECIA A
3101 JODHPYRS LN. 2616
ORLANDO FL 32837

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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☐ 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:

Patricia A. Baldwin, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

407-856-1207

Daytime Phone #

CR2E034 (9/99)