

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072882

1. Entity Name

TLC OF CENTRAL FLORIDA, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90181 034 \*\*\*150.00

Principal Place of Business

433 WEKIVA COVE RD  
LONGWOOD FL 32779

Mailing Address

433 WEKIVA COVE RD  
LONGWOOD FL 32779-5635

2. Principal Place of Business

1080 SHAFFER TRAIL

Suite, Apt. #, etc.

3. Mailing Address

1080 SHAFFER TRAIL

Suite, Apt. #, etc.

City & State

OVEDO, FLORIDA

City & State

OVEDO, FLORIDA

Zip

32765

Country

Zip

32765

Country

4. FEI Number

59-3462735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONRAD, JUDY L  
433 WEKIVA COVE RD  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

SANDRA TURNER

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

1080 SHAFFER TRAIL

City

OVEDO

FL

Zip Code

32765

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)

4/18/2000

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 D ☒ Delete  
NAME CONRAD, JUDY L  
STREET ADDRESS 433 WEKIVA COVE RD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE P ☐ Delete  
NAME TURNER, SANDRA R  
STREET ADDRESS 1080 SHAFFER TRAIL  
CITY-ST-ZIP OVEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE

Sandra R. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

407-366-6009

Daytime Phone #