

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90052 014 \*\*\*158.75

DOCUMENT # P97000077889

1. Entity Name  
**HEARING CARE 2000 CASSELBERRY, INC.**

Principal Place of Business 1786 SENECA BLVD. WINTER SPRINGS FL 32708	Mailing Address 1786 SENECA BLVD. WINTER SPRINGS FL 32708-5600
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1786 Seneca Blvd</i>	3. Mailing Address <i>1786 Seneca Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Winter Springs FL</i>	City & State <i>Winter Springs FL</i>
Zip <i>32708</i>	Zip <i>32708</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>59-3464620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SEGREARIO, GARY P**  
**1786 SENECA BLVD.**  
**WINTER SPRINGS FL 32708**

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 *Gary Segreario* DATE *2-25-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SEGREARIO, GARY P	1786 SENECA BLVD.	WINTER SPRINGS FL 32708				
VP	SEGREARIO, BARBARA J	1786 SENECA BLVD.	WINTER SPRINGS FL 32708				

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: *Gary Segreario* DATE: *2-25-00* DAY/TIME PHONE #: *(407) 359-2709*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)