

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009145

1. Entity Name

FORTE' SALON & SPA, INC.

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

06-06-2000 90006 037 \*\*\*550.00

Principal Place of Business

8701 MAITLAND SUMMIT BLVD  
ORLANDO FL 32810

Mailing Address

8701 MAITLAND SUMMIT BLVD  
ORLANDO FL 32810-5915

2. Principal Place of Business

FORTE SALON AND SPA

Suite, Apt. #, etc.

3. Mailing Address

8701 MAITLAND SUMMIT BLVD

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3531087

Applied For

Not Applicable

Zip

32810

Country

USA FL

Zip

32810

Country

USA FL

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR  
215 N EOLA DRIVE  
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

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	D	<input type="checkbox"/> Delete
NAME	VANDER WEIDE, ROBERT A	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDER WEIDE, SUZANNE C	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LIPPARD, ADAM	
STREET ADDRESS	8701 MARTLAND SUMMIT BLVD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROPPERS, KACE	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	
CITY-ST-ZIP	ORLANDO FL 32810	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-2000

CR2E034 (9/99)