

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90197 008 ***150.00

DOCUMENT # P98000010720

1. Entity Name

SHANNON K. BARUCH, P.A.

Principal Place of Business

320 NORTH MAGNOLIA AVE
 SUITE B-8
 ORLANDO FL 32801
 US

Mailing Address

P.O. BOX 1485
 ORLANDO FL 32801-1485
 US

2. Principal Place of Business

1337 Willow Crest Dr.

3. Mailing Address

P.O. Box 1485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL 34711

City & State

Orlando, FL 32802-1485

4. FEI Number

59-3493954

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

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

BARUCH, SHANNON K ESQ.
320 NORTH MAGNOLIA AVE
SUITE B-8
ORLANDO FL 32801

Name

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

1337 Willow Crest Drive

City **Clermont**

FL

Zip Code **34711**

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, 2001 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 ☐ Delete
 NAME **PSTV**
 STREET ADDRESS **BARUCH, SHANNON K**
 CITY-ST-ZIP **320 NORTH MAGNOLIA AVE, STE B-8**
ORLANDO FL 32801

☒ Change ☐ Addition
 TITLE **1337 Willow Crest Drive**
 STREET ADDRESS **Clermont, FL 34711**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARUCH, SHANNON K**
 CITY-ST-ZIP **320 NORTH MAGNOLIA AVE, STE B-8**
ORLANDO FL 32801

☒ Change ☐ Addition
 TITLE **1337 Willow Crest Drive**
 STREET ADDRESS **Clermont, FL 34711**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition
 TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon K. Baruch, Pres. 04/16/01 (352) 243-5386

Date

Daytime Phone #

CR2E034 (10/00)