

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049511

1. Entity Name

MAINSTREET PHYSICIANS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 040 ***550.00

Principal Place of Business

2901 PARKWAY BLVD.
SUITE A-3
KISSIMMEE FL 34747

Mailing Address

2901 PARKWAY BLVD.
SUITE A-3
KISSIMMEE FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3513961

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, MICHAEL B ESQ.
7652 ASHLEY PARK COURT
SUITE 300
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Raymond L. Potts
Street Address (P.O. Box Number is Not Acceptable) 8723 International Drive, Suite 115
City ORLANDO FL Zip Code 32819

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 reinstalling)

DATE

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME PSTD WRIGHT, MALCOLM J ☒ Delete
STREET ADDRESS 5362 CENTRAL FLORIDA PARKWAY
CITY-ST-ZIP ORLANDO FL 32821

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PSTD Potts, Patricia A., Potts, Raymond L. ☒ Change ☐ Addition
STREET ADDRESS 8723 International Dr., Suite 115
CITY-ST-ZIP ORLANDO, FL 32819

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SUBSCRIBER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #

CR20034 (5/00)