

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052593

1. Entity Name
BUSINESS PARTNERS OF CENTRAL FLORIDA, INC.

Principal Place of Business

P.O. BOX 953182
LAKE MARY FL 32795

Mailing Address

P.O. BOX 953182
LAKE MARY FL 32795-3182

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90957 005 ***150.00

343433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 953182

3. Mailing Address

P.O. Box 953182

Suite, Apt. #, etc.

Lake Mary FL

Suite, Apt. #, etc.

Lake Mary FL

City & State

City & State

4. FEI Number **59-3518714**

Applied For

Not Applicable

Zip
32795-3182

Country
US

Zip
32795-3182

Country
US

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

**WHITE, MARY D
1451 CROCUS CT
LONGWOOD FL 32750**

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, 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 **D** ☐ Delete
NAME **WHITE, MARY D**
STREET ADDRESS **1451 CROCUS CT**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **D** ☐ Delete
NAME **WHITE, MICHAEL W**
STREET ADDRESS **1451 CROCUS CT**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Mary D White **Mary D White**

4/26/01

407 331-7364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)