

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90129 004 ***150.00

A0017947

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000059687**
1. Entity Name
FOREST CREEK PROFESSIONAL CENTER, INC.

Principal Place of Business
1501 R.J. CONLAN BLVD. SUITE # 250 PALM BAY, FL. 32905
Mailing Address
1501 R.J. CONLAN BLVD. SUITE # 250 PALM BAY, FL. 32905

2. Principal Place of Business
1501 R.J. CONLAN BLVD.
Suite, Apt. #, etc.
SUITE # 250

3. Mailing Address
1501 R.J. CONLAN BLVD.
Suite, Apt. #, etc.
SUITE # 250

City & State
Palm Bay, FL. 32905

Zip
32905

4. FEI Number
593525204
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RON SMITH
1501 R.J. CONLAN BLVD.
SUITE # 250
PALM BAY, FL. 32905**

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 _____ (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	
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	
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 checked="" type="checkbox"/> Addition
NAME	RON SMITH
STREET ADDRESS	1501 R.J. CONLAN BLVD. #250
CITY-ST-ZIP	PALM BAY, FL. 32905
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T DON DEVER
STREET ADDRESS	1501 R.J. CONLAN BLVD. #250
CITY-ST-ZIP	PALM BAY, FL. 32905
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MENOSKY
STREET ADDRESS	564 LAKE ASHLEY DR.
CITY-ST-ZIP	W. MELBOURNE, FL. 32904
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: **RON S. SMITH** 1/23/01 321-308-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)