## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000080107

**DOCUMENT #** 1. Entity Name

SIGNATURE:

DUNWOODIE OF ORLANDO, INC.

**FILED** Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90077 022 \*\*\*535.00

					\		55/						
Principal Place of Business 615 CRESCENT EXEC CT STE 120 LAKE MARY FL 32746			615 G STE	Mailing Address 615 CRESCENT EXEC CT STE 120 LAKE MARY FL 32746									
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	. FEI Number	59-353751	3	· · · · · · · · · · · · · · · · · · ·	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Countr			5.	. Certificate of S	Status Desired	A	\$8.75 Add Fee Require		
	6. Name	and Address of	Current Registere	ed Agent			7.	Name and Ad	dress of New	Registered	Agent		
					1	Name							
N. DWAYNE GRAY, JR.				Al			Street Address (P.O. Box Number is Not Acceptable)						
GREENSPOON, MARDER, HIRSCHFELD, ET. 135 WEST CENTRAL BOULEVARD - SUITE 1				ì									
ORLANDO FL 32801							<del></del>	<del></del>		FI	Zip Cod	e	
8. The above the obligat			ement for the purp	ose of changing its	registered o	office or re	gistered a	gent, or both, in	the State of F	lorida. I am	ı familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of regis	tered agent and title if app	ilicable. (NOTE	E: Registered Age	ent signature r	equired when	reinstating)	·	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									n Campaign F und Contributi			<b>0</b> May Be I to Fees	
10:		OFFICE	RS AND DIRECTO	RS_	11,			ADDITIONS/CH.	ANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
πτίε	D			☐ Delete	TITLE	I	5P5,	NA .			Change	Addition	
name Street address	BORCK, T	odd L C <b>ent</b> Exec C1	CTE 120		NAME STREET AD	nneree /	30rck	tescent	Executi	ve Ct	StelDO	}	
CITY-ST-ZIP		Y FL 32746	OIL 120		CITY-ST-		Laker	e Mary	元 3	274b			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AC CITY-ST-2						☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Professional

Management

OF CENTRAL FLORMA. INC.

Affachment

\$00691719 #P9800080107

Via U.S. Regular Mail

March 31, 2003 (

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Uniform Business Report Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: DUNWOODIE OF ORLANDO, LTD. DUNWOODIE OF ORLANDO, INC.

Attention Registration Section:

Enclosed please find the following documents:

- 2003 Limited Partnership Uniform Business Report (UBR) for *Dunwoodie of Orlando, Ltd.* and check #1162 in the amount of \$535 reflecting the filing fee and \$8.75 for a Certificate of Status.
- 2003 For Profit Corporation Uniform Business Report (UBR) for *Dunwoodie of Orlando, Inc.* and check #1161 in the amount of \$158.75 reflecting the filing fee and \$8.75 for a Certificate of Status.

Therefore, please file and provide the Certificates of Status at your earliest convenience.

Your courtesy and assistance to this matter is greatly appreciated and should you have any questions please call me at 561-868-7088 x107 or Email: jlager@pmcfi.com

Thanks so much.

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Risk Management Coordinator

**Enclosure** 

cc: Karen L. Ahr (via U.S. Regular Mail)