

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**  
03-10-2000 90033 034 \*\*\*158.75

**DOCUMENT # P98000096896**

1. Entity Name

**SE MCC OF ORLANDO, INC.**

Principal Place of Business

**445 DOUGLAS AVENUE  
SUITE 2455  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**445 DOUGLAS AVENUE  
SUITE 2455  
ALTAMONTE SPRINGS FL 32714-2591**

2. Principal Place of Business

3. Mailing Address

**12421 N. Florida Ave**

Suite, Apt. #, etc.

**Suite C-220**

City & State

**Tampa FL**

Zip

**33612**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**#59-3627943**

4. FEI Number

**APPLIED FOR**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAULES, GREGORY ESQ.  
12421 NORTH FLORIDA AVENUE  
SUITE B-122  
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

**MONICA COOPER**

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

**12421 N. Florida Ave C-220**

City

**Tampa**

FL

Zip Code

**33612**

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

**3/6/2000**

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAY, KENNETH W</b>	
STREET ADDRESS	<b>18107 COURTNEY BREEZE DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, MONICA</b>	
STREET ADDRESS	<b>ONE HIBISCUS ROAD</b>	
CITY-ST-ZIP	<b>BELLEAIR FL 34614</b>	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

**SIG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/2000**  
Date Daytime Phone #