

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102445

1. Entity Name  
ROBERT D. GUTHRIE, JR., P.A.

Principal Place of Business  
105 E ROBINSON STREET STE 201  
ORLANDO FL 32801

Mailing Address  
105 E ROBINSON STREET STE 201  
ORLANDO FL 32802-3026

2. Principal Place of Business  
790 N. Orange Ave  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 3026  
Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32801

Country  
Orange

Zip  
32802-

Country  
Orange

4. FEI Number 59-3546838

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GUTHRIE, ROBERT D JR  
105 E ROBINSON STREET STE 201  
ORLANDO FL 32801

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
790 N. Orange Ave  
City Orlando, FL Zip Code 32801

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  Robert D. Guthrie, Jr. 4-25-2000  
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, 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 P  
NAME GUTHRIE, ROBERT D JR ☐ Delete  
STREET ADDRESS 105 E ROBINSON ST STE 301  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Rob Guthrie, Robert D.  
STREET ADDRESS 790 N. Orange Ave  
CITY-ST-ZIP Orlando, FL 32801

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

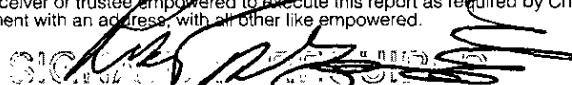
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:  Robert D. Guthrie 4-25-2000 407-246-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres, Jr. Date Daytime Phone #

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90102 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE