

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 8:00 am**
Secretary of State

09-13-2000 90024 044 ***550.00

A0077507

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000104303

1. Entity Name

TRI COUNTY DOCTORS, INC.

Principal Place of Business

**907N CENTER AVE
KISSIMMEE FL 34741**

Mailing Address

**907N CENTER AVE
KISSIMMEE FL 34741**

2. Principal Place of Business

907 N. CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

907 N. CENTRAL AVE.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

Zip

34741

Country

U.S.A.

City & State

KISSIMMEE, FLORIDA

Zip

34741

Country

U.S.A.

4. FEI Number

59-3546234

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****TAI, ABDUR R
4316 TIDEWATER DR
ORLANDO FL 32812****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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	TAI, ABDUR R			
	4316 TIDEWATER DR			
	ORLANDO FL 32812			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**Signature Required (A. RAZZAK TAI)****9/7/2000**

Date

407-932-3666

Daytime Phone #

CR2E034 (5/00)