

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90176 012 ***150.00

DOCUMENT # P99000037363

1. Entity Name
FRANCES F. STRAWN, P.A.

Principal Place of Business

**1518 CLOUSER AVENUE
ORLANDO FL 32804**

Mailing Address

**1518 CLOUSER AVENUE
ORLANDO FL 32804**

2. Principal Place of Business

1000 SOUTH ORLANDO AVENUE

Suite, Apt. #, etc.

A-7

City & State

MAITLAND, FL

Zip

32751

Country

USA

3. Mailing Address

1000 SOUTH ORLANDO AVENUE

Suite, Apt. #, etc.

A-7

City & State

MAITLAND, FL

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3577549**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRAWN, FRANCES F
1518 CLOUSER AVENUE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

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

1000 SOUTH ORLANDO AVENUE

UNIT A-7

City

MAITLAND

FL

Zip Code

32751

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

F. Strawn, President

1/25/01

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, 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	DP	<input type="checkbox"/> Delete
NAME	STRAWN, FRANCES F	
STREET ADDRESS	1518 CLOUSER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STRAWN, DAVID U	
STREET ADDRESS	1518 CLOUSER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 SOUTH ORLANDO AVENUE, UNIT A-7	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 SOUTH ORLANDO AVENUE, UNIT A-7	
CITY-ST-ZIP	MAITLAND, FL 32751	
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:

F. Strawn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 (407) 647-1211

Date

Daytime Phone #

CR2E034 (10/00)