

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044090

1. Entity Name

IMRGLOBAL - ORION CONSULTING, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90163 029 \*\*\*150.00

Principal Place of Business

26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761

Mailing Address

26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761-3460

2. Principal Place of Business

100 South Missouri Ave  
Suite, Apt. #, etc.

3. Mailing Address

100 South Missouri Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3582973

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, DILIP  
26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name  
IMRglobal Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
Attn: General Counsel  
100 South Missouri Ave.  
City  
Clearwater, FL Zip Code  
33756

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]*

IMRGLOBAL CORP

by DILIP PATEL, GENERAL COUNSEL, VP & SEC.

4/4/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANAN, SATISH K  
26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADDONISIO, VINCENT  
26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HINDMAN, JOHN R  
26750 U.S. HWY 19 NORTH, STE. 500  
CLEARWATER FL 33761 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
100 South Missouri Ave.  
Clearwater, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
Same as above

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/S  
Patel, Dilip  
100 South Missouri Ave.  
Clearwater, FL 33756 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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]*

DILIP PATEL VP, Gen Counsel & Secretary 4/4/00 (727) 467-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)