

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90085 010 ***150.00

DOCUMENT # **p99000061654** ✓

1. Entity Name

NEW BEGINNINGS PROFESSIONAL CENTER

Principal Place of Business

Mailing Address

**LAKE IVANHOE EXECUTIVE
 CENTER
 934 N MAGNOLIA AVENUE
 SUITE 117 ORL, FL 32803**

**9937 KENDAL DR
 ORLANDO, FL 32811**

A0045941

2. Principal Place of Business

3. Mailing Address

**934 N. MAGNOLIA
 AVENUE
 SUITE 117**

9937 KENDAL DRIVE

City, Apt. #, etc.

City, Apt. #, etc.

ORLANDO FL

ORLANDO, FL

4. FEI Number

Applied For

59-3587521

Not Applicable

Zip 32803 Country ORANGE

Zip 32817 Country ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANLON NESE Y
 9937 KENDAL DRIVE
 ORLANDO, FL 32817**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**SCANDON, NESE Y, MS, LMHC
 9937 KENDAL DRIVE
 ORLANDO, FL 32817**

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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:

Nese Y Scand
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001 (407) 657-4766
 Date Daytime Phone #

CR2E034 (11/00)