

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095863

1. Entity Name
ORLANDO DIABETES AND ENDOCRINE SPECIALISTS, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90238 010 ***150.00

Principal Place of Business

Mailing Address

~~7632 MOUNT CARMEL DR~~
ORLANDO FL 32835

~~7632 MOUNT CARMEL DR~~
ORLANDO FL 32835-8163

2. Principal Place of Business

3. Mailing Address

1603 S. HIAWASSEE RD.

1603 South HIAWASSEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 115

Suite 115

City & State

City & State

ORLANDO, FL.

ORLANDO, FL

Zip

Country

Zip

Country

32835

USA

32835

USA

4. FEI Number

593606563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

STEIN, W J
1420 ALAFAYA TRAIL
SUITE 101
OVIEDO FL 32765

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BOURNE, KIMBERLEY A
STREET ADDRESS 7632 MOUNT CARMEL DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE D President ☒ Change ☐ Addition
NAME BOURNE, Kimberley A.
STREET ADDRESS 1603 S. HIAWASSEE RD. 32835
CITY-ST-ZIP ORLANDO, FL Suite 115

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kimberley A. Bourne

Kimberley Bourne MO 1-11-00

(407)

293-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)