

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101089

1. Entity Name  
**HEALTHCARE REALTY & DEVELOPMENT CORPORATION**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90001 035 \*\*\*150.00

Principal Place of Business

3001 ALOMA AVE., #100  
WINTER PARK FL 32792

Mailing Address

3001 ALOMA AVE., #100  
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**RICCI, FRANK**

**3001 ALOMA AVE., #100  
WINTER PARK FL 32792**

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 *Frank Ricci*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/14/00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, Sec.** ☐ Delete  
NAME **FRANK RICCI**  
STREET ADDRESS **3001 ALOMA AVE., #100**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

TITLE **TREASURER** ☐ Delete  
NAME **JANA RICCI**  
STREET ADDRESS **3001 ALOMA AVE., #100**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

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

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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:

*Frank Ricci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/14/00*

Date

*4076790650*

Daytime Phone #

CR2E034 (5/00)

August 14, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Dear Sir/Madam:

I explained to Susan in your office that since this is a new corporation, I had not received a notice to file a URB prior to this one. Since I also own two other corporations in the state, I would not have overlooked the importance of the document or the significant amount of increase in monies due between the first and second notice.

Upon Susan's referral, enclosed is the completed form along with the check in the amount of \$150.00 for Healthcare Realty & Development Corporation's URB report for the year 2000.

Please call me if you have any questions at 407 679-0600.

Thank you.

Yours truly,  
Healthcare Realty & Development Corporation

  
By: Frank Ricci,  
President