2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1177 LOUISIANA AVENUE

DOCUMENT # \$57053

1. Entity Name

Principal Place of Business

1177 LOUISIANA AVENUE

JANICE K. GRINDLE, LCSW, P.A.

SUITE 105 WINTER PARK FL 32789		SUITE 105 WINTER PARK FL 32789-2352						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		. FEI Number 59-3069705 —		oplied For ot Applicable	
Zip Country		Zip	Country	5. Certific	Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent		7. Name a	and Address of New Regist	ered Agent		
			Name					
GRINDLE, JANICE-K. 1177 LOUISIANA AVENUE SUITE 105 WINTER PARK FL 32789			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			Cíty			FL Zip Coo	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS ANI	D DIRECTORS	12.	ADDITIO	NS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINDLE, JANICE K 1177 LOUISIANA AVENUE SU WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER FAIR TE 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE		————— —	☐ 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90107 028 ***150.00