

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S59063**

1. Entity Name

CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, IN

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90288 045 ***150.00

Principal Place of Business

**477 CARROLL ST
CLERMONT FL 34711
US**

Mailing Address

**POST OFFICE BOX 120547
CLERMONT FL 34712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3073365**

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

**PHARES, RENEE
CENTRAL FL PEDIATRIC THERAPY
477 CARROLL ST
CLERMONT FL 34711**

Name

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

City

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 re-issuing)

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

TITLE **P** ☐ Delete
NAME **GOMES, AMY J.**
STREET ADDRESS **15822 TOWERVIEW DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **V** ☐ Delete
NAME **PHARES, RENEE D.**
STREET ADDRESS **17355 CORK ST.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **S** ☐ Change ☒ Addition
NAME **PHARES, RENEE D**
STREET ADDRESS **17355 CORK ST.**
CITY-ST-ZIP **WINTER GARDEN, FL. 34787**

TITLE **S** ☒ Delete
NAME **PHELPS COLLEEN M**
STREET ADDRESS **16201 MAGNOLIA CREEK LANE**
CITY-ST-ZIP **MONTVERDE FL 34756**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Amy J. Gomes
Amy J. Gomes

3-21-01 352-394-0212

Date

Daytime Phone #

CR2E034 (10/00)