

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90058 037 \*\*\*150.00

**DOCUMENT # S59063**

1. Entity Name  
**CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, IN C.**

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

4. FEI Number **59-3073365**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

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

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 \_\_\_\_\_ (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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOMES, AMY J.</b>	
STREET ADDRESS	<b>15822 TOWERVIEW DR.</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PHARES, RENEE D.</b>	
STREET ADDRESS	<b>17355 CORK ST.</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PHARES, RENEE D.</b>	
STREET ADDRESS	<b>17355 CORK STREET</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Renee Phares* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-11-02 352 360-9194  
 Date Daytime Phone #

CR2E034 (9/01)