

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90254 008 ***150.00

DOCUMENT # V50793

1. Entity Name
SCHAFER, MITCHELL & SHERIDAN, P.A.

Principal Place of Business 200 E ROBINSON ST STE 700 ORLANDO FL 32801 US	Mailing Address 200 E ROBINSON ST STE 700 ORLANDO FL 32751-5627 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 S. Orlando Ave. Suite, Apt. #, etc. Suite 100 City & State Maitland, FL Zip 32751 Country US	3. Mailing Address 800 S. Orlando Ave. Suite, Apt. #, etc. Suite 100 City & State Maitland, FL Zip 32751 Country US
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4. FEI Number **59-3133316** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MITCHELL, JOSEPH P.
 200 E. ROBINSON ST
 STE 700
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 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 _____
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	
TITLE VPD NAME MITCHELL, JOSEPH P. STREET ADDRESS 2307 HURON TRAIL CITY-ST-ZIP MAITLAND FL	<input type="checkbox"/> Delete
TITLE VSD NAME SCHAFER, MICHAEL R. STREET ADDRESS 816 SWEETWATER ISLAND CIRCLE CITY-ST-ZIP LOGWOOD FL	<input type="checkbox"/> Delete
TITLE STD NAME SHERIDAN, STEPHN J STREET ADDRESS 16 EHATHER GREEN CT CITY-ST-ZIP OCOE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VPD PD NAME Mitchell, Joseph P. STREET ADDRESS 120 Galahad Lane CITY-ST-ZIP Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSDT NAME Schafer, Michael R. STREET ADDRESS 26 Interlaken Rd. CITY-ST-ZIP Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD D NAME SHERIDAN, STEPHEN J. STREET ADDRESS 8501 Bowden Way CITY-ST-ZIP Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Michael R. Schaffer Secretary Date: 2-25-00 Daytime Phone #: 407-839-3330

CR2E034 (9/99)