

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90046 006 \*\*\*150.00

**DOCUMENT # 678703**  
 1. Entity Name  
**MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M**

Principal Place of Business 2525 HARBOR BLVD.. SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949	Mailing Address 2525 HARBOR BLVD.. SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949-2543
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2. Principal Place of Business <i>1411 Ora St</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 2543</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>Port Charlotte, Fl.</i>	City & State <i>Port Charlotte, Fl.</i>	4. FEI Number <b>59-2011712</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33952</i>	Country <i>USA</i>	Zip <i>33949</i>	Country <i>USA</i>

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

6. Name and Address of Current Registered Agent  
**MACDONALD, BRUCE D., M.D.**  
 2525 HARBOR BLVD.  
 SUITE 307  
 PORT CHARLOTTE FL 33952

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, BRUCE D. 36261 WASHINGTON LOOP RD PUNTA GORDA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESCHLEMAN, A. ROBERT 1055 YORKSHIRE ST PT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEAGNEY, MICHAEL C. 4550 GRASSY PT BLVD PORT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABIAN, THOMAS M. 4520 GRASSY PT BLVD PORT CHARLOTTE 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *Robert Eschleman* DATE: *2-8-00* DAYTIME PHONE #: *941-625-6575*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)