

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703633

1. Entity Name

FLORIDA PEDIATRIC SOCIETY

Principal Place of Business

1132 LEE AVE
TALLAHASSEE FL 32303
US

Mailing Address

1132 LEE AVE
TALLAHASSEE FL 32303-6508
US

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

59-1103936

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

PETERY, LOUIS B JR., MD
1132 LEE AVE
TALLAHASSEE FL 32303

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCCIARELLI, RICHARD L UF PEDIATRICE, P.O. BOX 100296, N/A GAINESVILLE FL 32610	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EDWARD T 13909 N DALE MABRY HWY TAMPA FL 33618	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIGAN-SMITH, DEBORAH 1625 S.E. 3RD AVE, 5TH FLOOR FT LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZISSMAN, EDWARD N 475 OSCEOLA ST ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PETERY, LOUIS B 1132 LEE AVENUE TALLAHASSEE FL 32303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B D	☐ Delete

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

D
DAVID MARCUS, David
8411 W. Oakland Park Dr., #301
Sunrise, FL 33351

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

Date

850/224/3939

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90037 009 ****61.25



DO NOT WRITE IN THIS SPACE