

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00524

1. Entity Name

DANIEL W. MCGRANE, M.D., P.A.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90097 007 ***150.00

Principal Place of Business

Mailing Address

6725 CEDAR RIDGE DRIVE
P O BOX 7329
ZEPHYRHILLS FL 33540

5725 CEDAR RIDGE DR
ZEPHYRHILLS FL 33540
US

2. Principal Place of Business

3. Mailing Address

6725 Cedar Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills FL

Zip

Country

Zip

Country

33540

PASCO

4. FEI Number

59-2025149

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

MCGLAWN, VANETTE
5410 PINEBROOK LANE
WESLEY CHAPEL FL 33543

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete
NAME MCGRANE, DANIEL W.
STREET ADDRESS 6725 CEDAR RIDGE DR S 4
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE S ☐ Delete
NAME MCGLAWN, VANETTE
STREET ADDRESS 6725 CEDAR RIDGE DR
CITY-ST-ZIP ZEPHYRHILLS FL

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

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 12, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/00

CR2E034 (9/99)