

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F91934

1. Entity Name

LARRAURI & BANNON, M.D., P.A.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 037 ***550.00

ADU10017



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% JUAN M. LARRAURI
 3136 NORTHSIDE DR.
 KEY WEST FL 33040

Mailing Address

% JUAN M. LARRAURI
 3136 NORTHSIDE DR.
 KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2206188

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LARRAURI, JUAN M
 3136 NORTHSIDE DR.
 KEY WEST FL 33040

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 LARRAURI, JUAN M.
 3136 NORTHSIDE DRIVE
 KEY WEST FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 GLORSKY, STEVEN L
 3136 NORTHSIDE DR
 KEY WEST FL 33040 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 Bannon David Jr.
 same ☐ Change ☒ Addition

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

Daytime Phone #

09-15-2000