

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22496

1. Entity Name
GAINESVILLE PODIATRY ASSOCIATES, P.A.

Principal Place of Business Mailing Address
915 N.W. 56TH TERR. 915 N.W. 56TH TERR.
GAINESVILLE FL 32605-6408 GAINESVILLE FL 32605-6408

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 59-2712499 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERENS, THOMAS A.
915 N.W. 56TH TERR.
GAINESVILLE FL 32605-6409

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BERENS, THOMAS A.
STREET ADDRESS 915 N.W. 56TH TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME BERENS, LINDA L.
STREET ADDRESS 915 N.W. 56TH TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME HEISER, JOHN R.
STREET ADDRESS 915 NW 56 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Remove Secretary ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE add Secretary ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90011 018 ***150.00



DO NOT WRITE IN THIS SPACE

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