

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058665

1. Entity Name

STEVEN A. MECKSTROTH, M.D., P.A.

(R)

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

08-16-2000 90004 042 \*\*\*150.00

Principal Place of Business

28321 S TAMiami TRAIL  
SUITE 2  
BONITA SPRINGS FL 33923

Mailing Address

28321 S TAMiami TRAIL  
SUITE 2  
BONITA SPRINGS FL 33923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0519932

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

JOHNSON, KIMBERLY L  
4501 N TAMiami TRAIL #300  
NAPLES FL 33940

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  
**P**  
**MECHSTROTH, STEVEN M**  
**28321 S TAMiami TRAIL**  
**BONIA SPRING FL**  
☐ Delete

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

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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

8/16/2000

941-498-0093

Date

Daytime Phone #

CR2E034 (5/00)

STEVEN A. MECKSTROTH, M.D.

Attachment  
DH99400058665  
DL079281

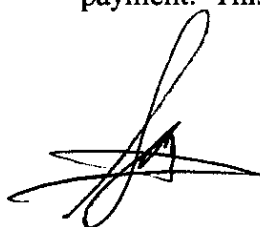
DIPLOMATE, AMERICAN BOARD  
INTERNAL MEDICINE AND GASTROENTEROLOGY

Division of Corporations  
Dept. of State

8/9/2000

Dear sir:

I did not receive the application for UBR 2000 in January. After discussion with your representative on the telephone it was determined that \$150.00 would be adequate payment. This is greatly appreciated. Thank you.



Steve Meckstroth.

**BONITA OFFICE**

28321 S. TAMiami TRAIL • SUITE 2 • BONITA SPRINGS, FL 34134 • TEL: (941) 498-0093 • FAX: (941) 498-0594

**NAPLES OFFICE:**

848 FIRST AVE., N. • SUITE 220 • NAPLES, FL 34102 • TEL: (941) 261-5355