

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026153

1. Entity Name

WILLIAM N. HANDELMAN, M.D., P.A.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90020 048 ***150.00

Principal Place of Business

Mailing Address

6399 38TH AVE N
ST. PETERSBURG FL 33710
US

6399 38TH AVE N
ST PETERSBURG FL 33710-1647
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3378219

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

HANDELMAN, WILLIAM N
6374 7TH AVE N
ST PETERSBURG FL 33710

Name William N. Handelman

Street Address (P.O. Box Number is Not Acceptable)

6399 38th Ave N

C-6

City St. Petersburg

FL

Zip Code 33710

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	P	☐ Delete
NAME	HANDELMAN, WILLIAM N	
STREET ADDRESS	6399 38TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (9/99)

Bay Area Medical
William N. Handelman

6399 38th Avenue North
C-6
St. Petersburg, FL 33710
(727) 384-6411

Attachment
D# P9600026153
DUG 5/10

July 5, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

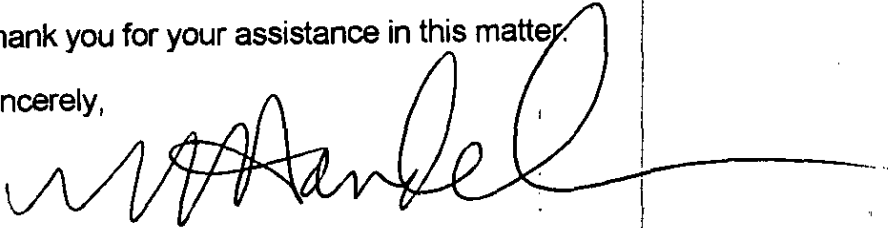
Dear Sir or Madam:

RE: Late Filing of Uniform Business Report

My Uniform Business Report is filed late, secondary to the hiring of my new Office Manager, who inadvertently placed the report in the tax preparer's documents, not knowing that she was to file this report herself. We just received the form from the tax preparer, and were informed that we needed to file this form right away. I am now filing the report, and ask that you excuse the late filing fee.

Thank you for your assistance in this matter.

Sincerely,



William N. Handelman, M.D.
Registered Owner