

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90009 018 ***150.00

DOCUMENT # P96000063520

1. Entity Name

BERT A. TAVARY, P.A.

Principal Place of Business

Mailing Address

2225 STATE ROAD 3
 SUITE 3
 ST AUGUSTINE FL 32084

2225 STATE ROAD 3
 SUITE 3
 ST AUGUSTINE FL 32084

2. Principal Place of Business

2225 A1A SOUTH
 Suite, Apt. #, etc.
SUITE 3

3. Mailing Address

2225 A1A SOUTH
 Suite, Apt. #, etc.
SUITE 3

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

4. FEI Number

59-3393220

Applied For
 Not Applicable

Zip

Country

32084

U.S.A.

Zip

Country

32084

U.S.A.

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

KRESGE, KENNETH R CPA
403 ANASTASIA BLVD. SUITE 1
ST AUGUSTINE FL 32084

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	TAVARY, BERT A	2225 STATE ROAD 3, SUITE 3	ST AUGUSTINE FL 32084	<input type="checkbox"/>
S	TAVARY, DENISE	114 11TH STREET	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	TAVARY, BERT A.	2225 A1A SOUTH, SUITE 3	ST. AUGUSTINE, FL. 32084	<input type="checkbox"/>	<input type="checkbox"/>
S	TAVARY, DENISE	114 11TH STREET	ST. AUGUSTINE, FL. 32084	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Bert A. Tavary, DDS / BERT A. TAVARY, DDS 1/12/2000 (904)471-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #