

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007995

1. Entity Name

NEW INTERLACHEN PEDIATRICS, P.A.

Principal Place of Business

846 LAKE HOWELL RD.
MAITLAND FL 32751

Mailing Address

846 LAKE HOWELL RD.
MAITLAND FL 32751-5222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACY, THOMAS A M.D.
846 LAKE HOWELL RD.
MAITLAND FL 32751

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	D FISK, THOMAS A M.D. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSON, BRENDA B M.D. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, THOMAS A M.D. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVICK, KENNETH M.D. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SAMUEL N III D.O. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WERT, ANNE K M.D. 846 LAKE HOWELL RD. MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> 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

Thomas A. Fisk M.D. 3/17/00 407/767-247

Date

Daytime Phone # 211

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90028 003 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547951

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

CR2E034 (9/99)