

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093614

1. Entity Name

C.F. GONZALEZ, M.D., P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90131 049 ***150.00

Principal Place of Business

Mailing Address

7989 S SUNCOAST BLVD
HOMOSASSA FL 34446

P.O. BOX 1940
HOMOSASSA SPRINGS FL 34447-1940

2. Principal Place of Business

7989 S. SUNCOAST BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1940

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA, FL

Zip

34446

Country

USA

City & State

HOMOSASSA SPG., FL

Zip

34447

Country

USA

4. FEI Number

59-3290127

Applied For

Not Applicable

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

GONZALEZ, CARLOS F
286 N.W. MAGNOLIA CIRCLE
CRYSTAL RIVER FL 34428

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
PSTD
GONZALEZ, CARLOS F
286 NW MAGNOLIA CIRCLE
CRYSTAL RIVER FL 34428 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ 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

Date

Daytime Phone #

3-13-00 352-382-2900

CR2E034 (9/99)