

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90007 009 \*\*\*150.00

0046324 AV

**DOCUMENT # 523408**

1. Entity Name

**JACK D. NORMAN, M.D., P.A.**

Principal Place of Business

**848 BRICKELL AVENUE  
 #940  
 MIAMI FL 33131  
 US**

Mailing Address

**C/O SCHECKNER  
 7201 SW 110 TERRACE  
 MIAMI FL 33156  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1718484**

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

**NORMAN, JACK D  
 848 BRICKELL AVENUE  
 #940  
 MIAMI FL 33131**

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 12, 2001 Fee 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, JACK D</b>	
STREET ADDRESS	<b>8290 LARAMPA STREET</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, ANN S</b>	
STREET ADDRESS	<b>8290 LARAMPA STREET</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jack D. Norman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MD, PA**

**7/3/01 305667**

Date

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT

Martin L. Scheckner, CPA, P.A.

7201 SW 110 TERRACE

MIAMI, FLORIDA 33156

TELEPHONE (305) 379-0603

TELEFAX (305) 668-3550

Sender's e-mail: [mis@mlscpapa.com](mailto:mis@mlscpapa.com)

Doc # 523408

July 3, 2001

CO073443

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

In-RE: Jack D. Norman-MD-PA-UBR-2001

Dear Sir or Madam:

Please find enclosed form UBR for 2001 for the above described taxpayer. The taxpayer respectfully requests that the filing fee for 2001 be \$150 and not the \$550 reflected on the form for the reason set forth below.

The taxpayer never received the form UBR for this year. There have been delivery problems with the mail and some items have not reached been delivered (the address for mailing is correct as stated on the UBR).

As such, the taxpayer did not timely file the UBR for 2001. The taxpayer is enclosing a check in the amount of \$150 in payment of their filing fee.

Thank you in advance for your courtesy and attention to this matter.

Sincerely,



Martin L. Scheckner

Enclosures

c.c. Jack D. Norman, MD