

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90261 014 ***150.00

DOCUMENT # P98000054113

1. Entity Name
CATHERINE DROURR, M.D., P.A.

Principal Place of Business

**1210 JUPITER LAKES BOULEVARD
 SUITE 205, BUILDING 4000
 JUPITER FL 33458**

Mailing Address

**1210 JUPITER LAKES BOULEVARD
 SUITE 205, BUILDING 4000
 JUPITER FL 33458**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 Jupiter Lakes Blvd.

Suite, Apt. #, etc.

Suite 206 Bld 4000

City & State

Jupiter FL.

Zip

33458

Country

USA

3. Mailing Address

210 Jupiter Lakes Blvd

Suite, Apt. #, etc.

Suite 206 Bld 4000

City & State

Jupiter FL

Zip

33458

Country

USA

4. FEI Number

65-0849517

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DROURR, CATHERINE

1210 JUPITER LAKES BOULEVARD

SUITE 205, BUILDING 4000

JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Drourr, Catherine

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

210 Jupiter Lakes Blvd.

Suite 206 Building 4000

City

Jupiter

FL

Zip Code

33458

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, 2002 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

TITLE **PVST** ☐ Delete
 NAME **DROURR, CATHERINE MD**
 STREET ADDRESS **1210 JUPITER LAKES BLVD BLD 4000**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **Catherine Drourr**
 STREET ADDRESS **210 Jupiter Lakes Blvd Suite 206 Bld 4000**
 CITY-ST-ZIP **Jupiter FL 33458**

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

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 NAME
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 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 (9/01)