

2000-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 470430**

1. Entity Name

FAMILY PRACTICE CENTER OF SANFORD, P.A.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90029 022 ***150.00

Principal Place of Business

**712 W. 25TH STREET
SANFORD FL 32771**

Mailing Address

**712 W. 25TH STREET
SANFORD FL 32771-4232**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1573679

Applied For

Not Applied For

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

**HARDWICK M.D., CHARLES W.
712 W. 25TH STREET
SANFORD FL 32771**

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	PD	<input type="checkbox"/> Delete
NAME	HARDWICK, CHARLES W	
STREET ADDRESS	712 W 25TH STREET	
CITY-ST-ZIP	SANFORD, FL 0	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SNELL, GARY W	
STREET ADDRESS	712 W 25TH STREET	
CITY-ST-ZIP	SANFORD, FL 0	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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:*Charles W Hardwick MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W Hardwick MD

Date

Daytime Phone #

4073226341