

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496795

1. Entity Name

ARTHUR W. YOUNT, M.D., P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90081 028 ***150.00

Principal Place of Business

Mailing Address

~~72105 4TH FL SUITE 104-105~~
NORTH PALM BEACH FL 33408-4909
US

~~72105 4TH FL SUITE 104-105~~
NORTH PALM BEACH FL 33408-4909
US

00057323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

866 Lakeside Dr
Suite, Apt. #, etc.

3. Mailing Address

866 Lakeside Dr
Suite, Apt. #, etc.

City & State

North Palm Beach

City & State

North Palm Beach

4. FEI Number

59-1662436

Applied For

Not Applicable

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

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

YOUNT, ARTHUR W.

~~72105 4TH FL SUITE 104-105~~

~~72105 4TH FL SUITE 104-105~~

NORTH PALM BEACH FL 33408

866 Lakeside
N Palm Bch FL
33408

Name

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

City

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, 2001 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
PDS
YOUNT, ARTHUR W.
~~72105 4TH FL SUITE 104-105~~
NORTH PALM BEACH FL
33408 ☐ Delete

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

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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 #

CR2E034 (10/00)

Call 850-922-3676 from your fax machine telephone to receive a fax copy of a form.