

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90084 004 \*\*\*150.00

**DOCUMENT # 519363**

1. Entity Name

**HARRY L. SAUERS, M.D., P.A.**

Principal Place of Business

Mailing Address

510 DRUID RD EAST  
CLEARWATER FL 33756

SUITE D

510 DRUID RD EAST  
CLEARWATER FL 33756-3949  
US

SUITE D

2. Principal Place of Business

**311 PONCE DE LEON BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**311 PONCE DE LEON BLVD**

Suite, Apt. #, etc.

City & State

**BELLEAIR FL**

City & State

**BELLEAIR FL**

4. FEI Number

**59-1700410**

Applied For

Not Applicable

Zip

**33756**

Country

**USA**

Zip

**33756**

Country

**USA**

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

**SAUERS, HARRY L., M.D.  
510 DRUID ROAD EAST, SUITE D  
CLEARWATER FL 33756**

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

*Harry L. Sauer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/19/00*

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  
NAME SAUERS, HARRY L., M.D.  
STREET ADDRESS 510 DRUID RD. E., STE D  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE PD  
NAME SAUERS, HARRY L., M.D.  
STREET ADDRESS 311 PONCE DE LEON BLVD  
CITY-ST-ZIP BELLEAIR FL 33756 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Harry L. Sauer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/10/2000* (727) 581-6420

CR2E034 (9/99)