

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90121 030 ***150.00

DOCUMENT # 521358

1. Entity Name

PHYLLIS A. STEPHENSON, M.D., P.A.

Principal Place of Business

~~3663 BEE RIDGE RD.~~ **4781 CHANDLERS FORDE** ~~3663 BEE RIDGE RD.~~ **SARASOTA FL 34235**

2. Principal Place of Business

4781 CHANDLERS FORDE

Suite, Apt. #, etc.

3. Mailing Address

4781 CHANDLERS FORDE

Suite, Apt. #, etc.

City & State

SARASOTA, FLA

City & State

SARASOTA

Zip

34235

Country

USA

Zip

FLA

Country

USA

4. FEI Number

59-1708457

Applied For

☒ Not Applicable

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

STEPHENSON, PHYLLIS A.

~~3663 BEE RIDGE ROAD~~ **4781 CHANDLERS FORDE**
SARASOTA FL 34235

Name

PHYLLIS STEPHENSON, MD

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

4781 CHANDLERS FORDE

City

SARASOTA

FL

Zip Code

34235

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

Phyllis Stephenson, MD **Phyllis STEPHENSON, MD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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** ☐ Delete
NAME **STEPHENSON, P.A.**
STREET ADDRESS **3663 BEE RIDGE ROAD**
CITY-ST-ZIP **4781 CHANDLERS FORDE**
SARASOTA FL 34235

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Phyllis Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

841-343-0092

Date

Daytime Phone #

CR2E034 (9/99)