

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 539195

1. Entity Name

GEORGE G. FEUSSNER, M.D., P.A.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 018 ***550.00

Principal Place of Business

6241 NW 23RD ST
SUITE 101
GAINESVILLE FL 32653
US

Mailing Address

6241 NW 23ST
SUITE 101
GAINESVILLE FL 32653
US

2. Principal Place of Business

7106 NW 11th Place

3. Mailing Address

7106 NW 11th Place

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number 59-1747242

Applied For

Not Applicable

Zip
32605

Country
US

Zip
32605

Country
US

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

FEUSSNER MD, GEORGE G

~~6241 NW 23ST~~

~~SUITE 101~~

~~GAINESVILLE FL 32653~~

7106 NW 11th Place

Suite A

Gainesville, FL 32605

Name

FEUSSNER MD, George G.

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

7106 NW 11th Place

Suite A

City

Gainesville

FL

Zip Code
32605

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 N/A

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 FEUSSNER, GEORGE G.
STREET ADDRESS 6241 NW 23 ST SUITE 101
CITY-ST-ZIP GAINESVILLE FL

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

TITLE PD ☐ Delete
NAME FEUSSNER, George G.
STREET ADDRESS 7601 NW 11th Place, Suite A
CITY-ST-ZIP Gainesville, FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

Date

352-331-6430

Daytime Phone #

CR2 EX14 (1/00)