

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570346

1. Entity Name

RICHARD W. SPRINGSTEAD, M.D., P.A.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90087 017 ***150.00

Principal Place of Business

33 PONCE DE LEON BLVD
BROOKSVILLE FL 34601

Mailing Address

33 PONCE DE LEON BLVD
BROOKSVILLE FL 34601-3217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1808061

Applied For
Not Applicable

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

SPRINGSTEAD, RICHARD W.
~~222 S STATE RD 700~~
~~BROOKSVILLE FL 33512~~

Name

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

33 Ponce de Leon Blvd

City

Brooksville

FL

Zip Code
34601

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
SPRINGSTEAD, RICHARD W.
33 PONCE DE LEON BLVD.
BROOKSVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

352-796-0329