

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600355

1. Entity Name

EARDLEY, MORRIS AND HOLLIS, M.D., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90124 042 ***150.00

Principal Place of Business

Mailing Address

130 NORTH FREDERICK AVENUE
DAYTONA BEACH FL 32114
US

P O BOX 48
DAYTONA BEACH FLA 32115-0048
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1208931**

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

CHARLES M. BURKETT
130 N. FREDERICK AVENUE
DAYTONA BEACH FL 32114

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

Charles M. Burkett

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	V	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, CHARLES R M	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILES, STEPHEN G M	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	P	<input type="checkbox"/> Delete
NAME	STONE, MELVIN	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIRAGUSA, ROY J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	YUSCHOK, THOMAS J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKETT, CHARLES M.	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAMLOU, K KEVIN	
STREET ADDRESS	PO BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURETSKY, DAVID B	
STREET ADDRESS	PO BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-00

CR2E034 (9/99)