

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600463

1. Entity Name

BERNARD L. KAYE, M.D., D.M.D., P.A.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90106 048 ***150.00

Principal Place of Business

Mailing Address

702 LAURETTE HOWARD BLDG.
820 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

702 LAURETTE HOWARD BLDG.
820 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207-8210

C0009053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3982 Alhambra Drive, W

3. Mailing Address

PMB 182

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1224574

Applied For

Not Applicable

Zip

32207

Country

Dual

Zip

32217

Country

Dual

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

KAYE, BERNARD L

702 LAURETTE HOWARD BLDG. 3982 Alhambra Dr, W
JACKSONVILLE FL 32207-32207

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

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 PD ☐ Delete
NAME KAYE, BERNARD L
STREET ADDRESS 820 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME PMB 182 1526 University Blvd., W
STREET ADDRESS Jacksonville, FL 32217
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: Bernard L. Kaye REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)