

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600556

1. Entity Name

MICHAEL E. SCHOEFFEL, M. D., & ASSOCIATES, P.A.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90001 028 ***550.00

Principal Place of Business

8050 HWY A1A SOUTH
STE 3606
ST. AUGUSTINE FL 32086
US

Mailing Address

8050 HIGHWAY A1A SOUTH
#3606
ST. AUGUSTINE FL 32086
US

2. Principal Place of Business

7 Via Marino

3. Mailing Address

7 Via Marino

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

US

Zip

32137

Country

US

4. FEI Number

59-1221840

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

Name

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

7 Via Marino

City

Palm Coast

FL

Zip Code

32137

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

Michael E. Schoeffel

8/16/2000

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

TITLE PS
NAME SCHOEFFEL, ME
STREET ADDRESS 8050 HIGHWAY A1A SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7 Via Marino
CITY-ST-ZIP Palm Coast FL 32137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael E. Schoeffel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2000

Date

904 447 8795
Daytime Phone #

CR2E034 (5/00)