

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90050 042 \*\*\*150.00

**DOCUMENT # 600717**

1. Entity Name  
**DRS YELVERTON, LERNER, FALLIERAS & KILBRIDE, P.A**



Principal Place of Business  
**2818 W VIRGINIA AVE  
TAMPA FL 33607**

Mailing Address  
**2818 W VIRGINIA AVE  
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1230909**

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

**YELVERTON, ROBERT W.  
2818 WEST VIRGINIA AVENUE  
TAMPA FL 33607**

Name **Fallieras, Nicholas G.**

Street Address (P.O. Box Number is Not Acceptable)  
**2818 W. Virginia Ave.**

City **Tampa** FL Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicholas G. Fallieras, M.D.* **Nicholas G. Fallieras, M.D., President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MINTON, DAVID C**  
STREET ADDRESS **2818 WEST VIRGINIA AVE.**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D. only (not PD)** ☐ Change ☐ Addition  
NAME **Minton, David C.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **YELVERTON, ROBERT W**  
STREET ADDRESS **2818 WEST VIRGINIA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Brown, Kathleen D.**  
STREET ADDRESS **2818 W. Virginia Ave.**  
CITY-ST-ZIP **Tampa FL 33607**

TITLE **VD** ☐ Delete  
NAME **FALLIERAS, NICHOLAS G.**  
STREET ADDRESS **2818 WEST VIRGINIA AVE.**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **President** ☒ Change ☐ Addition  
NAME **Fallieras, Nicholas G.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **KILBRIDE, KATHLEEN**  
STREET ADDRESS **2818 WEST VIRGINIA AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Kilbride, Kathleen**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **MARSTON, JOHN**  
STREET ADDRESS **2818 W VIRGINIA AVE**  
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **D** ☐ Delete  
NAME **JAEGER, MICHAEL W**  
STREET ADDRESS **2818 W. VIRGINIA AVE.**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Jaeger, Michael W.**  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Nicholas G. Fallieras, M.D.* **Nicholas G. Fallieras, M.D.** 813/872-8551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)