

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 007 ***150.00

DOCUMENT # 601290

1. Entity Name

LEESBURG FAMILY MEDICINE, P.A.

Principal Place of Business

**802 EAST DIXIE AVENUE
LEESBURG FL 34748-6014**

Mailing Address

**802 EAST DIXIE AVENUE
LEESBURG FL 34748-6014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1266833**

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

**HOLLAND, JOSEPH E.
802 E. DIXIE AVENUE
LEESBURG FL 34748**

Name

JEFFREY ROBINSON

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

802 EAST DIXIE AVENUE

City

LEESBURG

FL

Zip Code

34748

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

Jeffrey Robinson
JEFFREY ROBINSON

01/24/00

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

TITLE **V** ☐ Delete
NAME **JEFFREY, ROBINSON**
STREET ADDRESS **802 E. DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL**

TITLE **P** ☒ Delete
NAME **HOLLAND, JOSEPH E.**
STREET ADDRESS **802 E. DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL**

TITLE **ST** ☐ Delete
NAME **FOSTER, LARRY**
STREET ADDRESS **802 EAST DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VICEPRESIDENT** ☒ Change ☐ Addition
NAME **Secy/TREASARON**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Robinson
JEFFREY ROBINSON

Date

Daytime Phone #

(352) 789-1324