

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602164

1. Entity Name

GERALD FRIEDMAN, D.O., P.A.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90027 029 ***150.00

005922



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O DR. GERALD FRIEDMAN
1945 EAST BAY DRIVE
LARGO FL 33771
US

Mailing Address
C/O DR. GERALD FRIEDMAN
1945 EAST BAY DRIVE
LARGO FL 33771-2217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1297583**

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

FRIEDMAN, GERALD
1945 EAST BAY DRIVE
LARGO FL 33771

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	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GERALD	
STREET ADDRESS	1945 EAST BAY DRIVE	
CITY - ST - ZIP	LARGO FL 33771	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRANDENBURG, JACK	
STREET ADDRESS	37 BAYMONT AVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETTINA, SAM	
STREET ADDRESS	2499 E BAY. DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Gerald Friedman D.O.P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00
Date

727.586-2896
Daytime Phone #

CR2E034 (9/99)