

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602661

1. Entity Name

WILLIAMS ORTHOPEDIC EVALUATION CLINIC, P.A.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90127 019 \*\*\*150.00

Principal Place of Business  
4203 BELFORT ROAD  
SUITE 150  
JACKSONVILLE FL 32216

Mailing Address  
4203 BELFORT ROAD  
SUITE 150  
JACKSONVILLE FL 32216-1416

2. Principal Place of Business  
6320 St Augustine Road

3. Mailing Address  
6320 St Augustine Road

Suite, Apt. #, etc.  
Suite 5-B

Suite, Apt. #, etc.  
Suite 5-B

City & State  
Jacksonville, Florida

City & State  
Jacksonville, Florida

4. FEI Number  
59-1312694

Applied For  
Not Applicable

Zip  
32217-2813

Country  
Duval

Zip  
32217-2813

Country  
Duval

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS, JOHN WEBSTER, JR.  
4203 BELFORT RD, STE 150  
JACKSONVILLE FL 32216

## 7. Name and Address of New Registered Agent

Name  
MARKS, GRAY, CONROY & GIBBS  
Street Address (P.O. Box Number is Not Acceptable)  
6320 St Augustine Road, Suite 5-B  
1200 RIVER PLACE BLVD STE 800  
City Jacksonville, FL Zip Code 32207

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILLIAMS, JOHN W. JR.	4203 BELFORT RD #150	JACKSONVILLE FL	<input type="checkbox"/>
S	WILLIAMS, SUSAN JOAN	4203 BELFORT RD #150	JACKSONVILLE FL	<input type="checkbox"/>
D	HOCKER, JOHN T.	4203 BELFORT RD #150	JACKSONVILLE FL	<input type="checkbox"/>
D	FIPP, GEORGE	4203 BELFORT RD #150	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6320 St Augustine Road Suite 5-B	Jacksonville, Florida 32217-2813	<input checked="" type="checkbox"/>
		6320 St Augustine Road Suite 5-B	Jacksonville, Florida 32217-2813	<input checked="" type="checkbox"/>
		6320 St Augustine Road Suite 5-B	Jacksonville, Florida 32217-2813	<input checked="" type="checkbox"/>
		6320 St Augustine Road Suite 5-B	Jacksonville, Florida 32217-2813	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Date

Daytime Phone #

1-28-00 904730-9992

CR2E034 (9/99)