

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90256 050 ***150.00

DOCUMENT # 603051

1. Entity Name

FLORIDA UROLOGY SPECIALISTS, P.A.

Principal Place of Business

One South School Ave

SCHOOL AVE

SUITE 200

SARASOTA FL 34237

US

Mailing Address

One South School Ave

SCHOOL AVE

SUITE 200

SARASOTA FL 34237

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1357110

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

DEMLER, JAMES W.

SCHOOL AVE

SUITE 200

SARASOTA FL 34237

Name

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

One South School Ave, Suite 200

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, 2002 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 ☐ Delete
NAME P
STREET ADDRESS DEMLER, JAMES W.
CITY-ST-ZIP ~~18 SCHOOL AVE, SUITE 200~~
SARASOTA FL 34237

TITLE ☐ Delete
NAME VP
STREET ADDRESS WILLIAMS, THOMAS H.
CITY-ST-ZIP ~~18 SCHOOL AVE, SUITE 200~~
SARASOTA FL 34237

TITLE ☐ Delete
NAME S
STREET ADDRESS TINGLE, WILLIAM
CITY-ST-ZIP ~~18 SCHOOL AVE, SUITE 200~~
SARASOTA FL 34237

TITLE ☐ Delete
NAME T
STREET ADDRESS BILIK, A. JOSEPH
CITY-ST-ZIP ~~18 SCHOOL AVE, SUITE 200~~
SARASOTA FL 34237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One South School Ave, Suite 200
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One South School Ave, Suite 200
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One South School Ave, Suite 200
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One South School Ave, Suite 200
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:

William G. Jackson
WILLIAM G. JACKSON
ADMINISTRATOR

Date

Daytime Phone #

1/17/02 (941) 309-7000

CR2E034 (9/01)