

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90001 046 ***150.00

DOCUMENT # 603427

1. Entity Name
JOHN A. KREAGER JR. M.D., P.A.

Principal Place of Business
4000 GULF SHORE BLVD N.
#2500
NAPLES FL 34103

Mailing Address
4000 GULF SHORE BLVD. N
STE 2500
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1398719**

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

KREAGER JR, JOHN A
4000 GULF SHORE BLVD N.
#2500
NAPLES FL 34103

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 _____ (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 **PD**
 STREET ADDRESS **KREAGER JR, JOHN A**
 CITY-ST-ZIP **680 2ND AVE NO**
NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4000 GULF SHORE BLVD NO. #2500**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **KREAGER, DIANE K.**
 CITY-ST-ZIP **4000 GULF SHORE BLV 2500**
NAPLES FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROOSKY, JENNIFER K**
 CITY-ST-ZIP **535 KETCH DRIVE**
NAPLES FL 34103

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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: **JOHN A. KREAGER JR. MD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 941 261 3434
 Date Daytime Phone #

CR2E034 (9/01)