

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90081 036 \*\*\*150.00

**DOCUMENT # 603454**

1. Entity Name

**EDWARD W. CARTER, III, M.D., P.A.**

Principal Place of Business

Mailing Address

708 NORTH LEE STREET  
 PO BOX 491363  
 LEESBURG FL 34749-8363

708 NORTH LEE STREET  
 PO BOX 491363  
 LEESBURG FL 34749-1363

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 **59-1387831**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER III, EDWARD W  
 708 N LEE ST  
 LEESBURG FL 34748-1307

Name **MARION CARTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 LOVES POINT**  
 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 *Marion Carter*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **03-16-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PST CARTER, EDWARD W. III	STREET ADDRESS 708 N. LEE STREET LEESBURG FL	<input type="checkbox"/> Delete
TITLE NAME D CARTER, E W	STREET ADDRESS 708 N. LEE STREET LEESBURG FL	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete

TITLE NAME PST - CARTER, MARION	STREET ADDRESS 1000 LOVES POINT LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marion Carter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03-16-00** (352)  
 DAYTIME PHONE # **365-7862**

CR2E034 (9/99)