

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 604514**

1. Entity Name

**NESMITH, GERTNER & ASSOCIATES, M.D., P.A.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90170 044 \*\*\*150.00

Principal Place of Business 1121 N W 64TH TERRACE GAINESVILLE FL 32605-4218	Mailing Address 1121 N W 64TH TERRACE GAINESVILLE FL 32605-4218
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1475526	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NESMITH, MARSH ARTHUR, JR. 1121 NW 64TH TERR GAINESVILLE, FL 32605	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESMITH, M.A., JR.	NAME	
STREET ADDRESS	1121 NW 64TH TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 0	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTNER, HAROLD R JR.	NAME	
STREET ADDRESS	1121 NW 64TH TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 0	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLY, ROBERT L	NAME	
STREET ADDRESS	1121 N.W., 64TH TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	SNYDER, JEFFERY S	NAME	
STREET ADDRESS	1121 N.W. 64TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSHORE, ELMER E	NAME	
STREET ADDRESS	1121 N.W. 64TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	CAGGIANO, ANTHONY V	NAME	
STREET ADDRESS	1121 N.W. 64TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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: SIGNATURE REQUIRED 1/28/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)