

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604753

1. Entity Name

HAROLD J. KAPLAN, M.D., P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90069 020 ***150.00

Principal Place of Business

200 AVENUE DES PARQUES
VENICE FL 34285

Mailing Address

200 AVENUE DES PARQUES
VENICE FL 34285

2. Principal Place of Business

200 AVENIDA DES PARQUES N.

Suite, Apt. #, etc.

3. Mailing Address

200 AVENIDA DES PARQUES N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

65-0213252

Applied For

Not Applicable

Zip

34285

Country

U.S.A.

Zip

34285

Country

U.S.A.

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

HAROLD J KAPLAN, MD P
200 AVE DES PARQUES N
VENICE FL 34285

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KAPLAN, SAMUEL E
200 AVE DES PARQUES N.
VENICE FL 34285 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
KAPLAN, HAROLD J
200 AVE DES PARQUES
VENICE FL 34285 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00

941-488-5608

CR2E034 (9/99)