

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 635132

1. Entity Name
HUGH B. SEVERS, II, M.D., P.A.

Principal Place of Business
5539 MARINE PARKWAY
NEW PORT RICHEY FL 34656-1175

Mailing Address
5539 MARINE PARKWAY
NEW PORT RICHEY FL 34656-1175

2. Principal Place of Business

3. Mailing Address

P.O. Box 1175
Suite, Apt. #, etc.
6806 Cecelia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Port Richey, FL

Zip

Country

Zip

Country

34653 U.S.A.

4. FEI Number 59-1937260

Applied For
Not Applicable

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

SEVERS, HUGH B. II
6806 CECILIA DR.
P.O. BOX 1175
NEW PORT RICHEY FL 34652-1175

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, 2001 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
PD
SEVERS, HUGH B. II
3131 BLUFF BLVD.
HOLIDAY FL 34691 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Patrick L. Epting
6806 Cecelia Dr.
New Port Richey FL 34653 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
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 #

Hugh B. Severs II

4/9/01

0422545

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE