

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649267

1. Entity Name

ROBERT SCHOENFELD, M.D., P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90113 023 ***150.00

Principal Place of Business

6151 N. SUNCOAST BLVD., SUITE 1-B
 CRYSTAL RIVER FL 34429
 US

Mailing Address

6151 N. SUNCOAST BLVD., SUITE 1-B
 CRYSTAL RIVER FL 34428-6719
 US

2. Principal Place of Business

6151 No Suncoast Blvd

Suite, Apt. #, etc.

1B

3. Mailing Address

6151 No Suncoast Blvd

Suite, Apt. #, etc.

1B

City & State

Crystal River FL

City & State

Crystal River FL

Zip

34428

Country

USA

Zip

34428

Country

USA

4. FEI Number

59-1961504

Applied For

Not Applicable

5. Certificate of Status Desired

No ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENFELD, ROBERT I

6151 N. SUNCOAST BLVD., SUITE 1-B
 CRYSTAL RIVER FL 32629

Name

Street Address (P.O. Box Number is Not Acceptable)

6151

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	P	<input type="checkbox"/> Delete
NAME	SCHOENFELD, ROBERT I	
STREET ADDRESS	995 SE FIRST CT.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 795-9729

CR2E034 (9/99)