2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90046 006 ***150.00

DOCUMENT # 678703

1. Entity Name

MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M

Principal Place of Business	Mailing Address
2525 HARBOR BLVD.. SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949	2525 HARBOR BLVD.. SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949-2543

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1411 Aden St	P.O. Box 2543
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, Fl	City & State: Port Charlotte, Fl.
Zip: 33952 Country: USA	Zip: 33949 Country: USA

4. FEI Number 59-2011712 ☐ 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
MACDONALD, BRUCE D., M.D. 2525 HARBOR BLVD. SUITE 307 PORT CHARLOTTE FL 33952	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) ☐

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	PD MACDONALD, BRUCE D. 36261 WASHINGTON LOOP RD PUNTA GORDA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ESCHLEMAN, A. ROBERT 1055 YORKSHIRE ST PT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEAGNEY, MICHAEL C. 4550 GRASSY PT BLVD PORT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FABIAN, THOMAS M. 4520 GRASSY PT BLVD PORT CHARLOTTE FL	☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: R Robert Eschleman, M.D. 2-8-00 941-625-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #