

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 678703

1. Entity Name

MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90046 006 ***150.00

Principal Place of Business

2525 HARBOR BLVD., SUITE 207
P O BOX 2543
PORT CHARLOTTE FL 33949

Mailing Address

2525 HARBOR BLVD., SUITE 207
P O BOX 2543
PORT CHARLOTTE FL 33949-2543

2. Principal Place of Business

1411 Green St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2543
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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-00 944-625-6575

CR2E034 (9/99)