

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90231 028 ***550.00

DOCUMENT # 678703

1. Entity Name

MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M

Principal Place of Business

**1411 ARON ST
 PORT CHARLOTTE FL 33952**

Mailing Address

**P O BOX 2543
 PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

PO BOX 496385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

4. FEI Number

59-2011712

Applied For

Not Applicable

Zip

Country

Zip

33949-6385

Country

USA

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **PD** ☐ Delete
 NAME **MACDONALD, BRUCE D.**
 STREET ADDRESS **36261 WASHINGTON LOOP RD**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **ST** ☐ Delete
 NAME **ESCHLEMAN, A. ROBERT**
 STREET ADDRESS **1055 YORKSHIRE ST**
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **VP** ☐ Delete
 NAME **HEAGNEY, MICHAEL C.**
 STREET ADDRESS **4550 GRASSY PT BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **VP** ☐ Delete
 NAME **FABIAN, THOMAS M.**
 STREET ADDRESS **4520 GRASSY PT BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

BRUCE D. MACDONALD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/01 941-625-6575

CR2E034 (5/01)