

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680599

1. Entity Name

ANTHONY R. COSTARELLA, M.D., P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 032 ***150.00

Principal Place of Business
5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

Mailing Address
5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652-3036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2012779**

Applied For
Not Applicable

Zip Country

Zip Country

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

COSTARELLA, ANTHONY R.
5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

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 PT
NAME COSTARELLA, ANTHONY R.
STREET ADDRESS 5729 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE VD
NAME COSTARELLA, MILDRED E.
STREET ADDRESS 5729 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE S
NAME COSTARELLA, ELIZABETH A.
STREET ADDRESS 5729 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Anthony R. Costarella M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R COSTARELLA MD PA

Date

Daytime Phone #

1/7/2000 (727) 842-9967