

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90132 043 ***150.00

AGU56300



DO NOT WRITE IN THIS SPACE

DOCUMENT # 681945

1. Entity Name

HERBERT E. BROOKS, M.D., P.A.

Principal Place of Business

Mailing Address

**310 BYRD AVENUE
 BONIFAY FL 32425**

**310 BYRD AVENUE
 BONIFAY FL 32425-3006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2021817

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

**BROOKS, HERBERT E.
 310 BYRD AVENUE
 BONIFAY FL 32425**

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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, HERBERT E.		NAME		
STREET ADDRESS	310 BYRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, HERBERT E.		NAME		
STREET ADDRESS	310 BYRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Herbert E. Brooks, M.D., P.A.

Date

Daytime Phone #

4/24/00 850-547-2611

CR2E034 (9/99)