

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685456

1. Entity Name

EUGENE H. HOLLY, M.D., P.A.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90069 023 ***150.00

Principal Place of Business

Mailing Address

~~111~~ NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-0412
33407

~~111~~ NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-0412
33407

2. Principal Place of Business

3. Mailing Address

3336 N. FLAGLER DR 3336 N. FLAGLER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL WEST PALM BEACH FL

Zip

Country

Zip

Country

33407 US 33407 US

4. FEI Number

59-2007231

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

HOLLY, EUGENE H., M.D.
~~111~~ NORTH FLAGLER DRIVE
W. PALM BEACH FL 33401-0412

Name

EUGENE H. HOLLY M.D.

Street Address (P.O. Box Number is Not Acceptable)

3336 N. FLAGLER DRIVE

City

WEST PALM BEACH

FL

Zip Code

33407

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLY, EUGENE H., M.D.	
STREET ADDRESS	111 N. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLY, EUGENE H., M.D.	
STREET ADDRESS	111 N. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE H. HOLLY MD.	
STREET ADDRESS	3336 N. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE H. HOLLY MD.	
STREET ADDRESS	3336 N. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 2000

Date

Daytime Phone #

CR2E034 (9/99)

561-845 0898