

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690213

1. Entity Name

CAESAR C. ORDUNA, M.D., P.A.

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90091 042 \*\*\*150.00

606809



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3127 BACOM POINT ROAD  
P.O. BOX 705  
PAHOKEE FL 33476

3127 BACOM POINT ROAD  
P.O. BOX 705  
PAHOKEE FL 33476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2100775

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

ORDUNA, CAESAR C  
3127 BACOM PT RD  
~~717 BRICKELL AVENUE~~  
PAHOKEE FL 33476

Name  
CAESAR C. ORDUNA  
Street Address (P.O. Box Number is Not Acceptable)  
3127 BACOM PT RD  
City  
PAHOKEE FL Zip Code  
33476

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
ORDUNA, CAESAR C., MD  
3127 BACOM POINT RD  
PAHOKEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ORDUNA, CAESAR C., MD  
3127 BACOM POINT RD  
PAHOKEE FL ☐ Delete

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)

attachment

D# 690213

6 06809

Sign below & send  
with a check for  
\$150 prior to 4/30/01  
\$150