

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733269

1. Entity Name

FLORIDA WEST COAST RADIOLOGICAL SOCIETY, INC.

Principal Place of Business

12901 BRUCE B. DOWNS BLVD.
BOX 17
TAMPA FL 33612

Mailing Address

12901 BRUCE B. DOWNS BLVD.
BOX 17
TAMPA FL 33612-4742

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

NOT APPLICABLE

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENATOR, RICHARD
801 6TH ST S
ST PETERSBURG FL 33731

7. Name and Address of New Registered Agent

VANFLEET, ROBERT

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

12901 Bruce B. Downs Blvd., Box 17

City Tampa

FL

Zip Code 33612

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

R. Van Fleet

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 01-20-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, TODD	
STREET ADDRESS	5111 WESTSHORE DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BENATOR, RICHARD	
STREET ADDRESS	801 6TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENTEL, ROBERT	
STREET ADDRESS	MEASE HOSE/ CLINIC RADIOLOGY DEPT	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	ENTEL, ROBERT	
STREET ADDRESS	MEASE HOSP/CLINIC RADIOLOGY DEPT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	BENATOR, RICHARD	
STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	VANFLEET, ROBERT	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD., BOX 17	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT VANFLEET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 01-20-2000

✓ (813) 972-751

Date

Daytime Phone #