

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748098

1. Entity Name

THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90012 001 ****61.25

Principal Place of Business

Mailing Address

11477 Tanager Court
NAPLES FL 34119
US

11477 Tanager Court
NAPLES FL 34119-8856
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2038137

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

THOMAS, MICHAEL D
11477 Tanager Court
NAPLES FL 34119

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL	
STREET ADDRESS	11477 Tanager Ct	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAT BEDDOW	
STREET ADDRESS	4453 BEECHWOOD LK DR	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CATHIE LYONS	
STREET ADDRESS	5020 SAN JOSE BLVD #99	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PUSTAI, WILHELMINA	
STREET ADDRESS	11500 S.W. 64 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTES, SILVIA	
STREET ADDRESS	225 COBLE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	KONRAD J MCDOUGAL	
STREET ADDRESS	1721 SW 98TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Morris	
STREET ADDRESS	5978 Ed Harris Court	
CITY-ST-ZIP	St. Cloud - FL - 34771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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		

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:

Michael D. Thomas

Michael D. Thomas

1/5/00

941-262-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)