

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27688**

1. Entity Name

**THE COASTAL OB-GYN LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:21

Principal Place of Business  
600 N. COVE BLVD.  
PANAMA CITY FL 32401

Mailing Address  
600 N. COVE BLVD.  
PANAMA CITY FL 32401-3628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0995724**

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

**MACELUCH, JOHN J.**  
**600 N. COVE BLVD.**  
**PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

**\$95.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$95.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MACELUCH, JOHN J., DR.**  
**600 N COVE BLVD.**  
**PANAMA CITY FL**

STREET ADDRESS

CITY - ST - ZIP

~~400003128234--2~~  
~~-02/08/00--01120--025~~  
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CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

**SIGNATURE**

**2/1/00** **850 785 0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #