

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90133 028 \*\*\*150.00

**DOCUMENT #** F16521

**1. Entity Name**  
 MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.

**Principal Place of Business**  
 15151 NW 99th ST  
 ALACHUA FL 32615  
 US

**Mailing Address**  
 15151 NW 99th ST  
 ALACHUA FL 32615-5738  
 US

**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**

592064299

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**

KARL JR., FREDERICK B  
 15151 NW 99th ST  
 ALACHUA FL 32615

**Name**  
 FRANKLYN M. KRIEGER  
**Street Address (P.O. Box Number is Not Acceptable)**  
 3001 N ROCKY POINT DR. E. #400  
**City** TAMPA **FL** **Zip Code** 33607

**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.**

03-15-00

**SIGNATURE** *Franklyn M. Krieger* **FRANKLYN M. KRIEGER, VP/SECRETARY**

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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	SINGER, MICHAEL A	
<b>STREET ADDRESS</b>	15151 NW 99th ST	
<b>CITY-ST-ZIP</b>	ALACHUA FL 32615	
<b>TITLE</b>	VT	<input type="checkbox"/> Delete
<b>NAME</b>	ROBBINS, LEE A	
<b>STREET ADDRESS</b>	3001 N ROCKY POINT DR. E, #100	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	KARL JR., FREDERICK	
<b>STREET ADDRESS</b>	15151 NW 99th STREET	
<b>CITY-ST-ZIP</b>	ALACHUA FL	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	KANG, JOHN	
<b>STREET ADDRESS</b>	SUITE 100 3001 N. ROCKY POINT DRIVE E	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	VS	<input type="checkbox"/> Delete
<b>NAME</b>	KRIEGER, FRANKLYN M.	
<b>STREET ADDRESS</b>	3001 N ROCKY POINT DR. E, #100	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	32615	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ROBBINS	
<b>STREET ADDRESS</b>	#400	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	#400	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	#400	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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:** *Franklyn M. Krieger* **FRANKLYN M. KRIEGER** 03/15/00 813/287-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)