

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88809

1. Entity Name

DONALD J. WARNER, M.D., P.A.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90026 039 ***150.00

Principal Place of Business

Mailing Address

1700 S.E. HILLMOOR DRIVE
SUITE 306
PORT ST. LUCIE FL 34952
US

4 DELANO LANE, SEWALL'S POINT
SEWALL'S POINT
STUART FL 34996

2. Principal Place of Business

~~1801~~ 1861 S.E. Hillmoor Dr.

3. Mailing Address

1801 S.E. Hillmoor Dr.

Suite, Apt. #, etc.

Suite C-167

Suite, Apt. #, etc.

Suite C 167

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34952

Country

USA

Zip

34952

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2200047

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

WARNER, DONALD J., M.D.
4 DELANO LANE
SEWALL'S POINT
STUART FL 33494

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. 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

TITLE PT
NAME WARNER, DONALD J., M.D.
STREET ADDRESS 4 DELANO LN-SEWALL'S PT.
CITY-ST-ZIP STUART FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

8/22/00

Date

561-335-8100

Daytime Phone #