

2001 UNIFORM BUSINESS REPORT (UBR)

0015816

DOCUMENT # **G02514**

1. Entity Name
NEIL SAGER, P.A.

FILED

01 JAN 12 AM 11:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % NEIL SAGER, D.O. 4131 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216	Mailing Address % NEIL SAGER, D.O. 4131 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2223686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

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 *Neil Sager* (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable.

DATE 1/3/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SAGER, NEIL D.O. 4131 UNIVERSITY BLVD S JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003554 105-6 -01/18/01--01078--005 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Neil Sager* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/3/01 DATE

DAYTIME PHONE #: _____ DAYTIME PHONE #

CR2E034 (10/00)