

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01862

1. Entity Name

BARBARA LEIKO WOOLLEY, M.D., P.A.

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

03-13-2000 90026 048 ***150.00

Principal Place of Business
~~1703 LEWIS TURNER BLVD~~
~~1982 LEWIS TURNER BLVD-2~~
FT. WALTON BCH FL 32547

Mailing Address
1703 LEWIS TURNER BLVD
~~1982 LEWIS TURNER BLVD-2~~
FT. WALTON BCH FL 32547-1286

00035855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1703 LEWIS TURNER BLVD

3. Mailing Address

1703 LEWIS TURNER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT WALTON BCH, FL

City & State

FT WALTON BCH, FL

4. FEI Number

59-2272253

Applied For

Not Applicable

Zip

32547

Country

OKALOOSA

Zip

32547

Country

OKALOOSA

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

WOOLLEY, BARBARA L., M.D.

~~1982 LEWIS TURNER BLVD-2~~ 1703 LEWIS TURNER BLVD
FT. WALTON BCH FL 32548

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 NAME ☐ Delete
PD WOOLLEY, BARBARA L., MD
STREET ADDRESS 2739 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STD WOOLLEY, WALLACE K.
STREET ADDRESS 2739 EDGEWATER DR
CITY-ST-ZIP NICEVILLE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Wallace K. Woolley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

(850) 864-1777

Daytime Phone #

CR2E034 (9/99)