

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01862

1. Entity Name

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

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90143 009 ***150.00

Principal Place of Business

1703 ~~LOUIS~~ TURNER BLVD
FORT WALTON BEACH FL 32547

Mailing Address

1703 ~~LOUIS~~ TURNER BLVD
FORT WALTON BEACH FL 32547

2. Principal Place of Business

1703 Lewis Turner Blvd

Suite, Apt. #, etc.

3. Mailing Address

1703 Lewis Turner Blvd

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32547

Country

Okaloosa

Zip

32547

Country

Okaloosa

6. Name and Address of Current Registered Agent

WOOLLEY, BARBARA L., M.D.
1982 LEWIS TURNER BLVD 2
FT. WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1703 Lewis Turner Blvd

City

Fort Walton Beach

FL

Zip Code

32547

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's 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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOLLEY, BARBARA L., MD	
STREET ADDRESS	2739 EDGEWATER DR.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WOOLLEY, WALLACE K.	
STREET ADDRESS	2739 EDGEWATER DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

N. Kendall Woolley N. KENDALL WOOLLEY

4-19-01

(850) 864-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)