

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

01-30-2001 90066 004 ***150.00

0120418 AT

DOCUMENT # H09341

1. Entity Name
ALAN H. CARR, D.O., P.A.

Principal Place of Business
12141 SHAKESPEARE TRAIL
P. O. BOX 476
SAN ANTONIO FL 33576
US

Mailing Address
P O BOX 476
P. O. BOX 476
SAN ANTONIO FL 33576
US

11176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number - **59-2415949**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CARR, ALAN H.
12141 SHAKESPEARE TRAIL
ST LEO FL 33574

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	PD CARR, ALAN H. 12141 SHAKESPEARE TRAIL ST LEO FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

Letter Attached

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)

07/24/2001 00:46 8132548785

D. KINSER

PAGE 02

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Entity Name

ALAN H. CARR, D.O., P.A.

Principal Place of Business

Mailing Address

12141 SHAKESPEARE TRAIL
P.O. BOX 476
SAN ANTONIO FL 33576P.O. BOX 476
SAN ANTONIO FL 33576
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2415949

Required 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

CARR, ALAN H.
12141 SHAKESPEARE TRAIL
ST LEO FL 33574

Name

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

City

FL

Zip Code

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 time of filing.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE PD
NAME CARR, ALAN H.
STREET ADDRESS 12141 SHAKESPEARE TRAIL
CITY-ST-ZIP ST LEO FL ☐ DeleteTITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33574 ☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan H. Carr, D.O.

7/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

336

Daytime Phone

ATTACHMENT

11176



www.DAK-INC.com
306 South Boulevard
Tampa, Florida 33606-2151
(813) 253-6027 Fax 254-8705

494 Maple Avenue
Ft. Pierce, Florida 34982-5949
(561) 466-6454

August 1, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

H09341

CERTIFIED MAIL: 7099 3400 0017 9436 5931

RE: ALAN H. CARR, D.O., P.A.
FEIN 59-2415949
2001 UBR

Dear Sir or Madam:

Enclosed in this packet is the important reminder notice you sent our client with a due date of 09/12/01. We are returning that booklet because the client already filed the information report you are requesting.

In fact, we contacted your office, at the number listed in the booklet, on 07/24/01 and spoke with Anthony C. (he apparently has no last name) who confirmed that payment had been received from the client via check 5064 on/or about 01/31/01 for \$150.00. In fact, that check cleared the taxpayer's bank on 01/31/01. Therefore, there is no question that the report was timely filed.

Anthony C. (no last name) stated that the report had been sent back to Dr. Carr for his signature in February, 2001 but that your office does not use any tracking mechanism to document receipt of this alleged mailing. However, Anthony C. stated the report had never been sent back to your department. Therefore, we had the client sign another "file copy" of the report and have enclosed same along with your booklet.

We trust this will allow you to update your files accordingly.

However, should you need any additional information to close this file as timely filed and paid, then immediately contact our Tampa offices and we will be happy to provide same.

Sincerely,

David A. Kinser
MBA, ATA, FATP, Enrolled Agent

Enclosures
C: A. H. Carr, President (w/ enclosures)
clm